

**Complete the sentence. Circle your answers and add up the numbers to determine the severity of your urinating symptoms.**

After urinating, my bladder feels like it may not be completely empty . . .	Never (0)	Almost never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Almost always (5)
After urinating, I have to urinate again within two hours . . . . .	Never (0)	Almost never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Almost always (5)
While urinating my urine stream stops and restarts . . . . .	Never (0)	Almost never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Almost always (5)
I have difficulty controlling the urge to urinate . . . . .	Never (0)	Almost never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Almost always (5)
I have a weak or slow urine stream . . .	Never (0)	Almost never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Almost always (5)
I have to push or strain to get the urine stream started . . . . .	Never (0)	Almost never (1)	Less than half the time (2)	About half the time (3)	More than half the time (4)	Almost always (5)
I usually have to get up from sleep to urinate . . . . .	Never (0)	One time (1)	Two times (2)	Three times (3)	Four times (4)	Five or more (5)

**My total AUA Symptom Score is**  .

**Complete the sentence. Circle your answer to determine the degree of bother that you experience with urinating symptoms.**

Overall, my urinating symptoms bother me . . . . .	Not at all (0)	A little (1)	Some (2)	A lot (3)
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**My total Bother Score is**  .