

# MEN'S HEALTH ASSESSMENT QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

## American Urological Association Symptom Index (AUA-SI)\*1

Circle the answer that best describes your symptoms.

Urinary symptoms during the past month	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
1. How often have you had a sensation of not emptying your bladder completely?	0	1	2	3	4	5
2. How often did you urinate more than once within a 2-hour period?	0	1	2	3	4	5
3. How often have you stopped and started several times while urinating?	0	1	2	3	4	5
4. How often have you had difficulty postponing urination?	0	1	2	3	4	5
5. How often have you had a weak urinary stream?	0	1	2	3	4	5
6. How often did you strain to begin to urinate?	0	1	2	3	4	5
7. How many times did you get up during the night to urinate?	0 TIMES	1 TIME	2 TIMES	3 TIMES	4 TIMES	5 TIMES

Total Score: \_\_\_\_\_

### BOTHER ASSESSMENT QUESTION

Overall, how bothersome has any trouble with urination been during the last month?

- Not at all bothersome  
  Bothers me a little  
  Bothers me some  
  Bothers me a lot