

SWEDISH UROLOGY

AUA Symptom Index

Over the past month or so:

| 1. | How often have you had a sensation of not emptying your bladder completely after you finished urinating? | | | | | |
|--|--|--------------------------|---------------------------|------------------------|-------------------------|----------------------|
| | | | | | | |
| | Almost | Less than | Less than | About half | More than | Almost |
| | not at all | 1 time in 5 | 1/2 the time | of the time | 1/2 the time | Always |
| 2. | How often have you had to urinate again less than two hours after you finished urinating? | | | | | |
| | | | | | | |
| | Almost not at all | Less than 1 time in 5 | Less than 1/2 the time | About half of the time | More than 1/2 the time | Almost Always |
| 3. How often have you found you stopped and started again several times when urinating | | | | | | • |
| υ. | | | | | | |
| | Almost | Less than | Less than | About half | More than | Almost |
| | not at all | 1 time in 5 | 1/2 the time | of the time | 1/2 the time | Always |
| 4. How often have you found it difficult to postpone urination? | | | | | | |
| | | | | | | |
| | Almost | Less than | Less than | About half | More than | Almost |
| | not at all | 1 time in 5 | 1/2 the time | of the time | 1/2 the time | Always |
| 5. | How often have | e you had a wea | k urinary stream | ? | | |
| | A loss a at | ☐ Less than | □ Less than | A bout balf | Marathan | A less a a t |
| | Almost not at all | 1 time in 5 | 1/2 the time | About half of the time | More than ½ the time | Almost Always |
| | | | | | | -) - |
| 6. | How often have you had to push or strain to begin urination? | | | | | |
| | ∐ Almost | ∐ Less than | ∐ Less than | ∐ About half | ∐ More than | ∐ Almost |
| | not at all | 1 time in 5 | 1/2 the time | of the time | 1/2 the time | Almays |
| 7. | How many times did you most typically get up to urinate from the time you went to bed at night until | | | | | |
| 7. | the time you got up in the morning? | | | | | |
| | | | | | | |
| | Never | Once | Twice | Three times | Four times | More than four times |
| 8. | | | | | | |
| | how would you feel about that? Select one of the following: | | | | | |
| | ☐ Delighted | | | | | |
| | ☐ Pleased ☐ Mostly patiation | | | | | |
| | ☐ Mostly satisfied☐ Mixed (about equally satisfied and dissatisfied) | | | | | |
| | ☐ Mostly dissatisfied | | | | | |
| | ☐ Unhappy | | | | | |
| | ☐ Terrible | | | | | |
| | | | | | | |
| Mr. Anna Markatan and Antara Committee and a state of | | | | | | |

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

注意:如果您誦中文,我們可以給您提供免費中 文翻譯服務,請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)