

**AMERICAN UROLOGICAL ASSOCIATION
SYMPTOM INDEX**



Proton Therapy Center

Patient Name _____

Date of Birth _____

**FOR OFFICE USE ONLY
AFFIX PATIENT LABEL HERE**

The American Urological Association has developed the following questionnaire to help men determine how bothersome their urinary symptoms are and to check the effectiveness of treatment. This questionnaire has also been adopted worldwide and is known as the International Prostate Symptom Score. Please use the following point scale to answer each of the questions.

- | | |
|--|------------------------------------|
| 0 = Not at all | 3 = About half the time |
| 1 = Less than once in 5 times you have urinated | 4 = More than half the time |
| 2 = Less than half the time | 5 = Almost always |

In the past month, how often have you:

	Had the sensation of not completely emptying your bladder after you finished urinating?
	Had to urinate again less than 2 hours after you finished urinating?
	Found that you stopped and started again several times when you urinated?
	Found it difficult to postpone urination?
	Had a weak urinary stream?
	Had to push or strain to begin urination?
	Had to get up to urinate from the time you went to bed at night until you got up in the morning?
	Total Score for All Questions

Your score is an indication of how severe your symptoms are. The symptom index may be used to develop a treatment plan. Your doctor may also ask you to take the test again after treatment to see how successful treatment was in relieving your symptoms. Compare your total score to the list below.

Score	Severity
0 to 7	Mild
8 to 19	Moderate
20 to 35	Severe

If you were to spend the rest of your life with your urinary condition just the way it is now, which of the following best describes how would you feel about that statement?

- Delighted
 Pleased
 Mostly satisfied
 Mixed
 Mostly dissatisfied
 Unhappy
 Terrible

Patient Signature _____

Date _____

Nursing Signature _____

Date _____

MD Signature _____

Date _____