

Patient Name:	Date of Birth:	Date:
---------------	----------------	-------

Choose ONE number in each column that best answers the following questions:	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
	0	1	2	3	4	5
1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?						
2. Over the past month or so, how often have you had to urinate again, less than 2 hours after you last urinated?						
3. Over the past month or so, how often have you found you stopped and started again several times when you urinated?						
4. Over the past month or so, how often have you found it difficult to postpone urination?						
5. Over the past month or so, how often have you had a weak urinary stream?						
6. Over the past month or so, how often have you had to push or strain to begin urination?						
7. Over the past month or so, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?						

Choose the Most Appropriate Rating of Your General Health:

Score	Choice	General Health
100		Normal, no complaints, no evidence of disease
90		Able to carry on normal activity; minor signs/symptoms of disease
80		Normal activity with effort; some signs/symptoms of disease
70		Cares for self; unable to carry on normal activity or do active work
60		Requires occ.assistance, but able to care for most personal needs
50		Requires considerable assistance and frequent medical care
40		Disabled; requires special care and assistance

FOR CLINIC USE: Choose ONE number for each sign/symptom listed:

Signs and Symptoms	None	Mild	Moderate	Severe
	0	1	2	3
Fatigue				
Fevers				
Bone pain				
Weight loss				
Anorexia				
Reduced sexual desire				
Impotence				
Abdominal/perineal pain				
Nausea/vomiting				
Diarrhea				
Rectal urgency				
Urinary frequency/urgency				
Decreased force of stream				
Hot Flashes				
Other:				

AUA Score:	Karnofsky Score:
------------	------------------