AUA Symptom Score

Patient Name: _____ Today's Date: _____
Instructions: Highlight or bold your response for the following seven questions.

1. **Incomplete emptying:** Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

Not at all	<1 time in 5	Less than ½ time	About half the time	More than ½ the time	Almost Always	Your Score
0	1	2	3	4	5	

2. **Frequency:** Over the past month, how often have you had to urinate again less then 2 hours after you finished urinating?

Not at all	<1 time in 5	Less than ½ time	About half the time	More than ½ the time	Almost Always	Your Score
0	1	2	3	4	5	

3. **Intermittency:** Over the past month, how often have you found that you stopped and started again several times when you urinated?

Not at all	<1 time in 5	Less than ½ time	About half the time	More than ½ the time	Almost Always	Your Score
0	1	2	3	4	5	

4. **Urgency:** Over the past month, how often have you found it difficult to postpone urination?

Not at all	<1 time in 5	Less than ½ time	About half the time	More than ½ the time	Almost Always	Your Score
0	1	2	3	4	5	

5. **Weak-Stream:** Over the past month, how often have you had a weak stream?

Not at all	<1 time in 5	Less than ½ time	About half the time	More than ½ the time	Almost Always	Your Score
0	1	2	3	4	5	

6. **Straining:** Over the past month, how often have you had to push or strain to begin urination?

Not at all	<1 time in 5	Less than ½ time	About half the time	More than ½ the time	Almost Always	Your Score
0	1	2	3	4	5	

7. **Nocturia:** Over the past month or so, how many times did you get up to urinate from the time you went to bed until the time you got up in the morning?

Not at all	<1 time in 5	Less than ½ time	About half the time	More than ½ the time	Almost Always	Your Score
0	1	2	3	4	5	

Add up you scores for the total AUA score = _____

Quality of life due to urinary symptoms: If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that? (Please circle)
Delighted Pleased Mostly Satisfied Mixed Mostly Dissatisfied Unhappy Terrible

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Sexual Health Inventory for Men

Patient Name: _____ Today's Date: _____

Instructions: Each question has 5 possible responses. Circle the number that best describes your own situation. Select only 1 answer for each question.

Question	Responses				
How do you rate your confidence that you could keep an erection?	1 Very Low	2 Low	3 Moderate	4 High	5 Very High
When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	1 Almost never or never	2 A few times (much less than half the time)	3 Sometimes (about half the time)	4 Most times (much more than half the time)	5 Almost always or always
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	1 Almost never or never	2 A few times (much less than half the time)	3 Sometimes (about half the time)	4 Most times (much more than half the time)	5 Almost always or always
During sexual intercourse, how easy was it to maintain your erection to completion of intercourse?	1 Almost never or never	2 A few times (much less than half the time)	3 Sometimes (about half the time)	4 Most times (much more than half the time)	5 Almost always or always
When you attempted sexual intercourse, how often was it satisfactory for you?	1 Almost never or never	2 A few times (much less than half the time)	3 Sometimes (about half the time)	4 Most times (much more than half the time)	5 Almost always or always

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Low Testosterone Questionnaire
Adrogen Deficiency in the Aging Male (ADAM)

Patient's Name _____ **Today's Date** _____

	Low Testosterone Questionnaire	**Yes**	**No**
1	Do you have a decrease in libido (sex drive)?		
2	Do you have a lack of energy?		
3	Do you have a decrease in strength and/or endurance?		
4	Have you lost height?		
5	Have you noticed a decreased "enjoyment of life?"		
6	Are you sad and/or grumpy?		
7	Are your erections less strong?		
8	Have you noticed a recent deterioration in your ability to play sports?		
9	Are you falling asleep after dinner?		
10	Has there been a recent deterioration in your work performance?		

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