

AUA-SI

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "√" to indicate your answer)

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

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. During the last month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. During the last month or so, how often have you had to urinate again less than 2 hours after you finished urinating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. During the last month or so, how often have you found you stopped and started again several times when you urinated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the last month or so, how often have you found it difficult to postpone urination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the last month or so, how often have you had a weak urinary stream? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the last month or so, how often have you had to push or strain to begin urination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. During the last month, 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult