

Patient: _____ Date: _____

AMERICAN UROLOGICAL ASSOCIATION SYMPTOM SCORE							
Please answer the following questions relating to the LAST MONTH or so:	NOT AT ALL	LESS THAN 1 TIME IN 5	LESS THAN 1/2 THE TIME	ABOUT 1/2 THE TIME	MORE THAN 1/2 THE TIME	ALMOST ALWAYS	
INCOMPLETE EMPTYING: How often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
FREQUENCY: How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
INTERMITTENCY: How often have you stopped and started again several times when you urinated?	0	1	2	3	4	5	
URGENCY: How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
WEAK STREAM: How often have you had a weak urinary stream?	0	1	2	3	4	5	
STRAINING: How often have you had to push or strain to begin urination?	0	1	2	3	4	5	
NIGHTTIME: How many times did you typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	NONE 0	1 TIME 1	2 TIMES 2	3 TIMES 3	4 TIMES 4	5 OR MORE 5	
QUALITY OF LIFE: How would you feel if you had to live with your urinary condition the way it is now for the rest of your life?	DELIGHTED 0	PLEASED 1	MOSTLY SATISFIED 2	MIXED 3	MOSTLY DISSATISFIED 4	UNHAPPY 5	TERRIBLE 6

SEXUAL HEALTH INVENTORY FOR MEN						
How do you rate your confidence that you could get and keep an erection?	VERY LOW 1		LOW 2	MODERATE 3	HIGH 4	VERY HIGH 5
When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY 0	ALMOST NEVER OR NEVER 1	A FEW TIMES 2	ABOUT HALF THE TIME 3	MOST TIMES 4	ALMOST ALWAYS OR ALWAYS 5
During sexual intercourse, how often were you able to maintain your erection after you had entered your partner?	DID NOT ATTEMPT INTERCOURSE 0	ALMOST NEVER OR NEVER 1	A FEW TIMES 2	ABOUT HALF THE TIME 3	MOST TIMES 4	ALMOST ALWAYS OR ALWAYS 5
During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE 0	EXTREMELY DIFFICULT 1	VERY DIFFICULT 2	DIFFICULT 3	SLIGHTLY DIFFICULT 4	NOT DIFFICULT 5
When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE 0	ALMOST NEVER OR NEVER 1	A FEW TIMES 2	ABOUT HALF THE TIME 3	MOST TIMES 4	ALMOST ALWAYS OR ALWAYS 5

Urology

1240 South Eliseo Drive, Suite 200, Greenbrae, CA 94904 | **O** 1-415-461-4000 | **F** 1-415-461-6907

3250 Beard Road, Napa, CA 94558 | **O** 1-415-461-4000 | **F** 1-415-461-6907

75 Rowland Way, Suite 200, Novato, CA 94945 | **O** 1-415-461-4000 | **F** 1-415-461-6907

1496 Professional Drive, Suite 603, Petaluma, CA 94954 | **O** 1-707-762-0059 | **F** 1-707-762-8011

651 1st Street West, Suite L, Sonoma, CA 95476 | **O** 1-415-461-4000 | **F** 1-415-461-6907

www.mymarinhealth.org/urologyclinic