Indiana University Health

Affix Patient Label

RADIATION ONCOLOGY

American Urological Association (AUA) symptom index

The American Urological Association (AUA) has developed the following questionnaire to help men determine how bothersome their urinary symptoms are and to check the effectiveness of treatment.[1] This questionnaire has also been adopted worldwide and is known as the International Prostate Symptom Score (IPSS). It is sometimes seen with a Quality of Life Scale at the end of the questionnaire.

Use the following point scale to answer each of the questions. Total the score from all the questions.

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

Over 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 from 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

Quality of Life

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?

- Delighted
- Pleased
- Mostly satisfied
- Mixed
- Mostly dissatisfied
- Unhappy
- Terrible

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Patient/Guardian Signature Date

_____ _____

Reviewing Staff MD Signature Date

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Radiation Oncology

International Index of Erectile Function - 5 scoring system

	Score				
Over the past six months:	1	2	3	4	5
How do you rate your confidence that you could get and keep an erection?	Very low	Low	Moderate	High	Very high
When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Almost never or never	Much less than half the time	About half the time	Much more than half the time	Almost always or always
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Almost never or never	Much less than half the time	About half the time	Much more than half the time	Almost always or always
During sexual intercourse how difficult was it to maintain your erection to the completion of intercourse?	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
When you attempted sexual intercourse, how often was it satisfactory for you?	Almost never or never	Much less than half the time	About half the time	Much more than half the time	Almost always or always
The IIEF-5 score is the sum of questions 1 to 5. The lowest score is 5 and the highest score 25.					

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