## **AUA Form**

Your	· Name	<b>:</b>				ROBOTIC #								
Date: I have used:						Please answer the following questions of urinary symptoms and potency for the period of time on the last 30 days. Please circle the								
□Yes		Viagra				appropriate answer. If you have used any aids for erectile dysfunction								
							(i.e. Viagra, etc.) then use additional XXs to mark the correct potency answer for the erectile aid.							
		Other.			_ a	nswer for	tne e	erectile al	ıa.					
Urinary Symptoms								Potency						
Key:  Not Less than Less than About More than Almost								Each question has several possible responses.						
Not at all	Less that half th time	e h	About alf the time	More than half the time	Almost always  Please circle the number of the response that best describes your own situation. Make sure that you									
0	1	2		3	4	5		select only one response for each question.						
Please circle the answer that best describes your response to each of the following questions:								Over the past six months:						
<ol> <li>Incomplete emptying Over the past month, how</li> </ol>								1. How do you rate your <u>confidence</u> that you could get						
often have you had a sensation of not emptying your								and keep an erection?    Very Low						
	bladder completely after you have finished u					•		1	2		3	4	<u>very riigii</u> 5	
0	1	2	7	3	4	5						<u> </u>		
2. Frequency Over the past month, how often have you								<b>2.</b> When you had erections with sexual stimulation, how often were your erections hard enough for						
had to urinate again less than 2 hours after you have								penetration (entering your partner)?						
finished urinating?							1	No	Almost	A few times	Sometimes	Most times		
0	1	2		3	4	5		sexual activity	never or never	(much less than half	(about hal the time)	than half	e Always or always	
3. Into	ermitten	cv Ove	the pa	ast mont	h, how of	ten have		0	1	the time)	3	the time)	5	
									-		1 -			
you found you stopped and started again several times when you urinated?  3. During sexual intercourse, how often were you able														
0 1 2 3 4 5									-			had penet	-	
4 Unc	romary Or	ram tha m	aat maa	nth harr	. often he				d) your p		•	•		
<b>4. Urgency</b> Over the past month, how often have you found it difficult to postpone urination?								Did not Attempt	Almost never	A few times (much less	Sometimes (about hal			
0	1	2 10 post	pone u	3	<u>.</u> 4	5	1	intercourse		than half	the time)	than half	or always	
	<u>'</u>			3		3	ļ	0	1	the time)	3	the time)	5	
5. Weak stream Over the past month, how often have														
0	1	2		3	4	5		<b>4.</b> During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?						
	_	-			w often h	ave you		Did not Attempt intercourse	Extremely difficult		Difficu		Not	
	push or s		begin i				1	0	1	2	3	4	5	
0	1	2		3	4	5	]							
<b>7. Nocturia</b> Over the past month, how many times did you most typically get up to urinate from the time you								<b>5.</b> When you attempted sexual intercourse, how often was it satisfactory to you?						
went to bed at night until the time you got up in the								Did not Attempt	Almost never or	A few times (much less	Sometimes (about hal			
mornir		argine dine.	ii tiio t	inie you	got up in			intercourse		than half	the time)	than half	always	
0 time		2 tim	es 3	3 times	4 times	5 + times		0	1	the time)	3	the time)	5	
Score (Office Use only) Score (Office Use Only)														
* Oua	lity of L	ife Due	to Ur	inarv S	ymptoms	5							<del></del> 1	
					ith your u		Do you have Erections							
condition the way it is now, how would you feel about it?									Satisfactory for Vaginal					
Dolighted	Delighted Pleased Mostly Mixed Mostly Unhappy Terrible						Ī				netratio	_		
0	neased 1	Satisfied 2	3	Dissatisfie 4	ed Offnapp	6 Terrible				□ Yes		□ No		