

AUA SYMPTOM INDEX

Circle ONE number in each column that best answers the following questions:	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
1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. Over the past month or so how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
3. Over the past month or so, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. Over the past month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. Over the past month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. Over the past month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. Over the past month or so, 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?	None 0	1 time 1	2 times 2	3 times 3	4 times 4	5 or more 5

SEXUAL HEALTH INVENTORY FOR MEN

Select the number that best describes your situation. Enter that number in the blank to the left of the question. Please be sure that you select only one response to each question.

Over the past 6 months:

- ___ A) How do you rate your confidence that you could get and keep an erection.
 1) Very low 2) Low 3) Moderate 4) High 5) Very high
- ___ B) When you had erections with sexual stimulation, how often were erections hard enough for penetration (entering your partner)?
 0) No sexual activity 1) Almost never or never 2) A few times-less than 1/2
 3) Sometimes-1/2 the time 4) Most times-more than 1/2 5) Almost always
- ___ C) During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
 0) Did not attempt intercourse 1) Almost never or never 2) A few times-less than 1/2
 3) Sometimes-1/2 the time 4) Most times-more than 1/2 5) Almost always
- ___ D) During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
 0) Did not attempt intercourse 1) Extremely difficult 2) Very difficult
 3) Difficult 4) Slightly difficult 5) Not difficult
- ___ E) When you attempted sexual intercourse, how often was it satisfactory for you?
 0) Did not attempt intercourse 1) Almost never or never 2) A few times-less than 1/2
 3) Sometimes-1/2 the time 4) Most times-more than 1/2 5) Almost always