

IS PSA SCREENING RIGHT FOR ME?

NAME: _____

Do you have symptoms (problems when peeing)?

I have some urinary symptoms (problems when peeing). See next page to identify and score your symptoms.

We recommend that you talk with a health care provider about your symptoms.

Are you more likely to benefit from prostate cancer screening?

I have a **family history** of prostate cancer. My (circle all that apply) father, brother, son had prostate cancer.

Age when family member's prostate cancer was found, if known: _____

I am **African-American**.

I am **55-69 years old**.

I am over 70 and take no more than one prescription drug [am in excellent health].

If you answered yes to ANY of the questions above and you have NOT had a prostate cancer test within the past two years, the American Urological Association recommends that you talk with a health care provider to see if prostate cancer testing is right for you.

Are you less likely to benefit from prostate cancer screening?

If you answered no to all of the questions in the boxes above, the American Urological Association does not recommend that you get routine prostate cancer screening at this time. But you may still want to talk with your health care provider about prostate cancer screening or any other questions or symptoms that you may have.

Would you like to talk to a doctor?

I have decided to talk to a health care provider about prostate cancer screening.

I have decided NOT to talk to a health care provider about prostate cancer screening.

What have you decided to do after talking to a doctor?

After talking with a health care provider about the risks and benefits of prostate cancer screening, I have decided:

To be tested for prostate cancer today.

Not to be tested for prostate cancer today.

Signature

Print Name

Date



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AMERICAN UROLOGICAL ASSOCIATION (AUA) SYMPTOM SCORE

NAME: _____

Do you have any problems when you urinate (pee)? Circle the correct answer for you and write your score in the right-hand column. We recommend that you talk with a health care provider if your total score on the first seven questions is 8 or greater or if you are bothered at all.

Have you noticed any of the following when you have gone to the bathroom to urinate over the past month? Circle the correct answer for you and write your score in the right-hand column.

	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	Your Score
Incomplete emptying – It does not feel like I empty my bladder all the way.	0	1	2	3	4	5	
Frequency – I have to go again less than two hours after I finish urinating.	0	1	2	3	4	5	
Intermittency – I stop and start again several times when I urinate.	0	1	2	3	4	5	
Urgency – It is hard to wait when I have to urinate.	0	1	2	3	4	5	
Weak stream – I have a weak urinary stream.	0	1	2	3	4	5	
Straining – I have to push or strain to begin urination.	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	Your Score
Nocturia – I get up to urinate after I go to bed until the time I get up in the morning.	0	1	2	3	4	5	

Total AUA Symptom Score

Total score: 0-7 mild symptoms; 8-19 moderate symptoms; 20-35 severe symptoms

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Quality of life due to urinary symptoms							
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	Delighted	Pleased	Mostly satisfied	Mixed: about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible



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