## International Prostate Symptom Score (IPSS)



Name: Date: half the time ess than 1 **About half More than** Your score half the tim time in 5 the time Less than Not at all always Almost Incomplete emptying Over the past month, how often have you had a 3 0 1 2 4 5 sensation of not emptying your bladder completely after you finish urinating? Frequency Over the past month, how often have you had to 0 2 3 5 1 4 urinate again less than two hours after you finished urinating? Intermittency Over the past month, how often have you found 0 2 3 4 5 you stopped and started again several times when you urinated? **Urgency** 0 2 3 5 Over the last month, how difficult have you found 1 4 it to postpone urination? Weak stream Over the past month, how often have you had a 0 1 2 3 4 5 weak urinary stream? Straining Over the past month, how often have you had to 0 1 2 3 4 5 push or strain to begin urination? 5 times or more times 1 time 3 times Your None **Nocturia** Over the past month, many times did you most 0 1 2 3 4 5 typically get up to urinate from the time you went to bed until the time you got up in the morning? **Total IPSS Score** Quality of life due to urinary symptoms satisfied and Mixed – about dissatisfied Delighted Mostly satisfied dissatisfied Unhappy Pleased Mostly Terrible equally If you were to spend the rest of your life with your urinary condition the way it is now, how would you 0 2 3 6 1 4 5

feel about that?