

International Prostate Symptom Score (IPSS)



Patent Name: _____

Date of Birth: _____

Date: _____

Date of Treatment: _____

Previous IPSS: _____

Circle your answers and add up your scores at the bottom.

| Over the past month: | 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 |
|---|------------|-----------------------|-------------------------|---------------------|-------------------------|----------------------------|
| Incomplete emptying - How often have you had the sensation of not emptying your bladder completely after urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
| Frequency - How often have you had to urinate less than two hours after you finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
| Intermittency - How often you have you stopped and started again several times when you urinated? | 0 | 1 | 2 | 3 | 4 | 5 |
| Urgency - How often have you found it difficult to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| Weak stream - How often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 |
| Straining - How often have you had to strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| Nocturia - How many times did you typically get up to urinate at night ? or How many times did you wake up to urinate? | None 0 | One Time 1 | Two Times 2 | Three Times 3 | Four Times 4 | Five or More Times 5 |
| Symptom Score Total: | | | | | | |

Total International Prostate Symptom Score= _____

0-7 mild symptoms

8-19 moderate symptoms

20-35 severe symptoms

| Quality of Life (QoL) | Delighted | Pleased | Mostly Satisfied | Mixed | Mostly Dissatis- | Unhappy | Terrible |
|---|-----------|---------|------------------|-------|------------------|---------|----------|
| 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? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Comments: _____
