

International Prostate Symptom Score (IPSS)

Please read the statements and choose which score represents the symptoms you experience. Write your score in the right 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
Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
Frequency Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
Urgency Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	

	None	1 time	2 times	3 times	4 times	5 times or more	YOUR SCORE
Nocturia Over the past month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	

Total IPSS score 0-7 Mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic	
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	Delighted	Pleased	Mostly satisfied	Mixed – equally satisfied & dissatisfied	Mostly dissatisfied	Unhappy	Terrible
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?	0	1	2	3	4	5	6

Your score for the "quality of life" question should not be added into your total IPSS score.

Once completed, please return this form to your doctor to talk about your results.



International Index of Erectile Function (IIEF)

Name _____

Date of evaluation _____

Age _____

Height (m) _____

Weight (kg) _____

Current medication _____

Background health information

Have you had any of the following?

- Diabetes Heart disease High blood pressure Kidney problems Prostate surgery
 Spinal cord injury Nerve damage Depression or anxiety None of the above

About the questionnaires

The International Index of Erectile Function (IIEF) below has been developed by leading experts to help you assess whether you could be suffering from erectile dysfunction (ED). The IIEF asks basic questions and you should answer it as honestly as you can.

The International Prostate Symptom score (IPSS) on the other side of this leaflet, is a validated recall tool used in the assessment of Lower Urinary Tract Symptoms (LUTS) in men.

Your doctor or nurse can advise you about how to complete the form and what to do next.

Choose just ONE response from EACH question (A–F) based on the past 4 weeks and write the corresponding number in the box next to the question.

A. Over the past 4 weeks, how often were you able to get an erection during sexual activity?

1. Almost never/never
2. A few times (much less than half the time)
3. Sometimes (about half the time)
4. Most times (much more than half the time)
5. Almost always/always

D. Over the past 4 weeks, during sexual intercourse, how often were you able to maintain your erections after you had penetrated (entered) your partner?

1. Almost never/never
2. A few times (much less than half the time)
3. Sometimes (about half the time)
4. Most times (much more than half the time)
5. Almost always/always

B. Over the past 4 weeks, when you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

1. Almost never/never
2. A few times (much less than half the time)
3. Sometimes (about half the time)
4. Most times (much more than half the time)
5. Almost always/always

E. Over the past 4 weeks, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

1. Extremely difficult
2. Very difficult
3. Difficult
4. Slightly difficult
5. Not difficult

C. Over the past 4 weeks, when you attempted intercourse, how often were you able to penetrate (enter) your partner?

1. Almost never/never
2. A few times (much less than half the time)
3. Sometimes (about half the time)
4. Most times (much more than half the time)
5. Almost always/always

F. Over the past 4 weeks, how did you rate your confidence that you could get and keep an erection?

1. Very low
2. Low
3. Moderate
4. High
5. Very high

Add the numbers together, if your total score is 25 or less, you could be showing signs of erectile dysfunction (ED).