

# 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
<b>Intermittency</b> 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	
<b>Weak stream</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>Straining</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
<b>Incomplete emptying</b> 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	
<b>Frequency</b> 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	
<b>Urgency</b> 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
<b>Nocturia</b> 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	

<b>Total IPSS score</b>	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
<b>Quality of life due to urinary symptoms</b> 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.



