

**International Prostate Symptom Score (I-PSS)**

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date completed \_\_\_\_\_

<b>In the past month:</b>	<b>Not at All</b>	<b>Less than 1 in 5 Times</b>	<b>Less than Half the Time</b>	<b>About Half the Time</b>	<b>More than Half the Time</b>	<b>Almost Always</b>	<b>Your score</b>
<b>1. Incomplete Emptying</b> How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
<b>2. Frequency</b> How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
<b>3. Intermittency</b> How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<b>4. Urgency</b> How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
<b>5. Weak Stream</b> How often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>6. Straining</b> How often have you had to strain to start urination?	0	1	2	3	4	5	
	<b>None</b>	<b>1 Time</b>	<b>2 Times</b>	<b>3 Times</b>	<b>4 Times</b>	<b>5 Times</b>	
<b>7. Nocturia</b> How many times did you typically get up at night to urinate?	0	1	2	3	4	5	
<b>Total I-PSS Score</b>							

**Score:**      1-7: *Mild*                      8-19: *Moderate*                      20-35: *Severe*

<b>Quality of Life Due to Urinary Symptoms</b>	<b>Delighted</b>	<b>Pleased</b>	<b>Mostly Satisfied</b>	<b>Mixed</b>	<b>Mostly Dissatisfied</b>	<b>Unhappy</b>	<b>Terrible</b>
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?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>