

Name:		Date:	
--------------	--	--------------	--

International Prostate Symptom Score (IPSS)

Please answer the following questions about your urinary symptoms.
Circle your score for each question on each row.

	Over the past month, how often have you...	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
1.	...had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2.	...had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
3.	...stopped and started again several times when you urinated?	0	1	2	3	4	5
4.	...found it difficult to postpone urination?	0	1	2	3	4	5
5.	...had a weak urinary stream?	0	1	2	3	4	5
6.	...had to push or strain to begin urination?	0	1	2	3	4	5
		None	Once	Twice	3 times	4 times	5 times or more
7.	Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5
Add up your total score and write it in the box.							Total

Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed: equally satisfied / dissatisfied	Unhappy	Terrible
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

Medication:	
--------------------	--

The results from this questionnaire will help your doctor to assess if you have an enlarged prostate. This is a common and benign (non-cancerous) condition that often occurs in older men. (The results *do not* help to diagnose prostate cancer.)

In general, a score of: 0-8 indicates mild symptoms | 8-19 indicates moderate symptoms | 20-35 indicates severe symptoms.