

# INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS)



Patient Name:

Date:

	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>1. 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>2. Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you have finished urinating?	0	1	2	3	4	5	
<b>3. 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>4. Urgency</b> Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
<b>5. Weak Stream</b> Over the last month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>6. Straining</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	Once	Twice	3 times	4 times	5 or more	YOUR SCORE

<b>7. Nocturia</b> Over the past month, how many times did you most typically get up each night to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
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<b>Total I-PSS Score</b>	
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## Quality of Life due to Urinary Symptoms

Delighted Pleased Mostly satisfied Mixed Mostly unhappy 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
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**Total Score:** 0-7 Mildly Symptomatic; 8-19 Moderately Symptomatic; 20-35 Severely Symptomatic