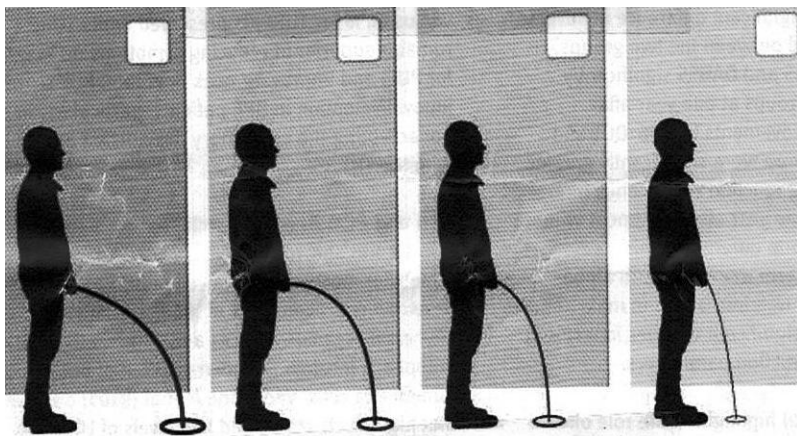


# INTERNATIONAL PROSTATE SYMPTOM Score (I-PSS)

ENGLISH

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

In the past 4 weeks	Not at all	Less than 1 in 5 times	Less than half the time	About half the time	More than half the time	Almost always
<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
	none	1 Time	2 times	3 Times	4 Times	5 Times
<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>						



**How good is your urinary flow?**

Your comments:

Quality of Life Due to Urinary Symptoms	delighted	pleased	Mostly satisfied	mixed	Mostly dissatisfied	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