

International Prostate Symptom Score (I-PSS)

Patient Name: _____ DOB: _____

In the past month:	None	Less than 5 times	Less than Half the Time	Half the Time	More than Half the Time	Almost Always	Score
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How often do you have the sensation of not emptying your bladder?

Incomplete Emptying	0	1	2	3	4	5	
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How often have you had to urinate every 2 hours?

Frequency	0	1	2	3	4	5	
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How often have you found you stopped and started again several times when you urinated?

Intermittency	0	1	2	3	4	5	
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How often have you found it difficult to postpone urination?

Urgency	0	1	2	3	4	5	
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How often have you had a weak urinary stream?

Weak Stream	0	1	2	3	4	5	
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How often have you had to strain to start urination?

Straining	0	1	2	3	4	5	
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How many times do you typically get up at night to urinate?

Nocturia	None	1 Time	2 Times	3 Times	4 Times	5 Times	
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Total I-PSS Score

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

If you had to spend the rest of your life with your urinary condition as it is, how would you feel?

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dis- satisfied	Unhappy	Terrible
Quality of Life Due to Symptoms	0	1	2	3	4	5	6