

**INTERNATIONAL PROSTATE SYMPTOM SCORE
(I-PSS)**

Patient Name _____

Date _____

| | Never | <1 in 5 | >50% | 50% time | <50% | Always |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|
| 1. Incomplete emptying Over the past month, how often had you had a sensation of not emptying your bladder completely after you finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Frequency Over the past month, how often have you had to urinate again less than two hours after your finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Intermittency Over the past mnth, how often have you found you stopped and started again several times when you urinated? | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Urgency Over the past month, how often have you found it difficult to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Weak Stream Over the past month, how often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Straining Over the past month, how often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Nocturia Over the past month, how many times did you most typically get up to urinate from the time you went to bed a night until the time you got up in the morning? | 0 | 1 | 2 | 3 | 4 | 5 |

Total I-PSS score S =

Quality of life due to urinary symptoms 0

If you werre to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

*about equally satisfied & dissatisfied

| | Delighted | Pleased | Mostly Satisfied | Mixed* | Mostly Dissatisfied | Unhappy | Terrible |
|--|-----------|----------|------------------|----------|---------------------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |

Quality of life assessment index L =