

International prostate symptom score (IPSS)

Date :

Name :

DOB :

Over the past month	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	S c o r e
<u>Incomplete emptying</u> how often have you had a sensation of not emptying your bladder completely after urinating?	0	1	2	3	4	5	
<u>Frequency</u> how often have you had to urinate again after two hours?	0	1	2	3	4	5	
<u>Intermittency</u> how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<u>Urgency</u> how difficult have you found it to postpone urination?	0	1	2	3	4	5	
<u>Weak stream</u> how often have you had a weak urinary stream?	0	1	2	3	4	5	
<u>Straining</u> how often have you had to push or strain to start urination?	0	1	2	3	4	5	
<u>Nocturia</u> many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
<u>Total</u>							