

International Prostate Symptom Score (I-PSS)

Patient name _____ Date _____

None at all
 Less than 1 time in 5
 About half the time
 More than half the time
 Almost always

1. Incomplete emptying

Over the last month how often have you had a sensation of not emptying your bladder completely after you have finished urinating? 0 1 2 3 4 5

2. Frequency

Over the last month how often have you had to urinate again less than 2 hours after you have finished urinating? 0 1 2 3 4 5

3. Intermittency

Over the last month 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 last month, how often have you found it difficult to postpone urinating? 0 1 2 3 4 5

5. Weak stream

Over the last month, how often have you had a weak urinary stream? 0 1 2 3 4 5

6. Straining

Over the last month, how often have you had to push or strain to begin urination? 0 1 2 3 4 5

None
 1 time
 2 times
 3 times
 4 times
 5 or more times

7. Nocturia

Over the last month, how many times did you typically get up to urinate from the time you went to bed at night until the time you got up in the morning? 0 1 2 3 4 5

Total I-PSS score S =

Score: 0-7 Mildly Symptomatic

Score: 8-19 Moderately Symptomatic

Score 20-35 Severely Symptomatic

Delighted
 Mostly satisfied
 Mixed*
 Mostly dissatisfied
 Unhappy
 Terrible

8. Quality of life due to urinary symptoms

If you were to spend the rest of your life with your urinary condition just the way it is, how would you feel about that? 0 1 2 3 4 5 6

Quality of life assessment index L =

*About equally satisfied and dissatisfied

The International Prostate Symptom Score. Source: Cockett, et al. Proceedings of the Second International Consultation on Benign Prostatic Hyperplasia, Channel Islands Geneva: WHO, 1994.

Please review the full Approved Product Information before prescribing.
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