

International Prostate Symptom Score (I-PSS)*

Patient Name _____ Date _____

Not at all *Less than 1 time in 5* *About half the time* *More than half the time* *Almost always*

1. Incomplete emptying
 Over the past month, how often have 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 you finished urinating?

0 1 2 3 4 5

3. Intermittency
 Over the past 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 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

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

7. Nocturia
 Over the past month, how many times did you most 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 = _____

Delighted *Pleased* *Mostly Satisfied* *Mixed* *Mostly dissatisfied* *Unhappy* *Terrible*

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 now, how would you feel about that?

0 1 2 3 4 5 6

(About equally satisfied and dissatisfied)

Quality of life assessment index L = _____

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

