

# International Prostate Symptom Score (I-PSS)

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date Completed \_\_\_\_\_

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

Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?

0	1	2	3	4	5	
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**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	
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**4 Urgency**

Over the past month, how often have you found it difficult to postpone urination?

0	1	2	3	4	5	
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**5 Weak Stream**

Over the past month, how often have you had a weak urinary stream?

0	1	2	3	4	5	
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**6 Straining**

Over the past month, how often have you had to push or strain to begin urination?

0	1	2	3	4	5	
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**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?

	None	1 time	2 times	3 times	4 times	5 times or more	
0	1	2	3	4	5		

**Total I-PSS Score**

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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?

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	
0	1	2	3	4	5		