## International Prostate Symptom Score (IPSS)

Patient Name:	Today's Date:			
Daytime Phone Number:	Date of Birth:			

## **Determine Your BPH Symptoms**

Circle your answers and add up your scores at the bottom.

Over the past month		Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying — How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	ı	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished urinating?		ı	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?		1	2	3	4	5
Urgency – How often have you found it difficult to postpone urination?		ı	2	3	4	5
Weak stream – How often have you had a weak urinary stream?		1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – 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 0	One Time	Two Times 2	Three Times	Four Times 4	Five or More Times
Add Symptom Scores:		-	-		+	+

Total International Prostate Symptom Score =

Quality of Life (QoL)

1-7 mild symptoms | 8-19 moderate symptoms | 20-35 severe symptoms Regardless of the score, if your symptoms are bothersome you should notify your doctor.

		Dalighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Tirmble
of your life condition j	e to spend the rest with your urinary ust the way it is would you feel	0	ı	2	3	4	5	6
Have you	tried medications t	o help your s	ymptoms?				Yes	No
Did these	medications help y	our symptom	s? (circle)	***************************************			*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	2 3	4	5	6	7	8	9	10
lo Relief	1			L			(	Complete Rel

Would you be interested in learning about a minimally invasive option that could allow		No
you to avoid or discontinue enlarged prostate medications?	Yes	140