



## International Prostate Symptom Score (IPSS)

This questionnaire helps your doctor better understand the severity of your water work symptoms. It is most commonly used for men with suspected enlarged prostate issues. It guides treatment and monitors your progress.

	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	<b>Your score</b>
<b>Incomplete emptying:</b> Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
<b>Frequency</b> 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	
<b>Intermittency</b> 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	
<b>Urgency</b> Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
<b>Weak stream</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>Straining</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
<b>Nocturia</b> Over the past month, 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?	None 0	1 time 1	2 times 2	3 times 3	4 times 4	5 times or more 5	
Total Score: 0-7 (mild); 8-19 (moderate); 20-35 (severe)	<b>TOTAL :</b>						

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
<b>Quality of life due to urinary symptoms.</b> If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6