

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**International Prostate Symptom Score**

Over the past month.....	Not at all	Less than 1 time	Less than half the time	About half the time	More than half the time	Almost always	Your score
Incomplete emptying: Over the past month, how often did you have a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
Frequency: Over the past month, how often have you needed to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
Intermittency: Over the past month, how often have you found that you stopped and started your urine stream several times when you urinated?	0	1	2	3	4	5	
Urgency: Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak stream: Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining: Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
Nocturia: Over the past month, how many times did you typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	

Total IPSS score	
------------------	--

**Total score:** 0-7 Mild symptoms; 8-19 moderate symptoms; 20-35 severe symptoms