

URINARY SYMPTOM SCORE

International prostate symptom score (IPPS) for men

NAME:

DATE:

PLEASE CIRCLE THE BEST ANSWER AS IT APPLIES TO YOUR CURRENT CONDITION. OPTIONS (LEGEND) ARE THE SAME FOR QUESTIONS 1-5.

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 = not at all $3 = about _ the time$	1 = less than 1 tim $4 = more than _ the$				ess thar almost a	n _ the ti lways	me
2.	Frequency Over the past month, how have you had to urinate ag than two hours after you f	ain less	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 you found it difficult to po		0	1	2	3	4	5
5.	Weak stream Over the past month, how you had a weak urinary st		0	1	2	3	4	5
6.	Straining Over the post month, how often have you had to push or strain to begin urination?		0 ?	1	2	3	4	5
7.	Nocturia a. Over the past month, h did you most typically get from the time you went to the time you got up in the							
	$\begin{array}{ll} 0 = \text{none} & 1 = 1 \text{ ti} \\ 4 = 4 \text{ times} & 5 = 5 \text{ ti} \end{array}$	me $2 = 2$ time mes or more	s 3 = 3	times				

YOUR TOTAL SCORE =

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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 = delighted	2 = mostly satisfied	4 = mostly dissatisfied	
1 = pleased	3 = mixed	5 = unhappy	6 = terrible

SYMPTOM SCORE SEVERITY:

MILD (symptom score \leq 7) *MODERATRE (symptom score range* 8-19) *SEVERE (symptom score range* 20-35)