

International Prostate Symptom Score (I-PSS)

Discuss your answers with your doctor



Name: _____ Date: _____

(please circle the most appropriate answer and add your total score at the bottom)

1. Incomplete emptying

Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?

None at all	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

2. Frequency

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

None at all	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

3. Intermittency

Over the past month, how often have you found you stopped and started again several times when you urinated?

None at all	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

4. Urgency

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

None at all	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

Continue questionnaire on back

5. Weak stream

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

None at all	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

6. Straining

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

None at all	0	Less than 1 time in 5	1
Less than half the time	2	About half the time	3
More than half the time	4	Almost always	5

7. Nocturia

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 or more times	5

Add the numbers corresponding to questions 1-7

TOTAL I-PSS SCORE: _____

0-7 Mildly Symptomatic; 8-19 Moderately Symptomatic; 20-35 Severely Symptomatic

8. Quality of life due to urinary symptoms

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?

Delighted	0	Pleased	1
Mostly satisfied	2	Mixed, about equally	3
Mostly dissatisfied	4	Unhappy	5
Terrible	6		
