urological associates inc.

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ST. MARY'S MEDICAL GROUP

International Prostate Symptom Score (I-PSS)

Please Complete the following questions.
Fill in the bubble of the answer that best describes your symptoms.

Patient Name: _____

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

Quality of Life due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Equally Satisfied	Mostly Dissatisfied	Unhappy	Terrible
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?	O	O	O	O	O	O	O