

International Prostate Symptom Score (I-PSS)

105666-55

Patient Information

Patient Number _____

Name: _____ Age _____ Date Completed _____

Race (Check one)

- White Black/African American Hispanic
 Asian/Pacific Islander Other

A description of what each number represents is located at the top of each column. Circle the number in the column which best describes your situation.

1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you have finished urinating?
2. Over the past month, how often have you had to urinate again less than two hours after you finished urinating?
3. Over the past month, how often have you found you stopped and started again several times when you urinated?
4. Over the past month, how often have you found it difficult to postpone urination?
5. Over the past month, how often have you had a weak urinary stream?
6. Over the past month, how often have you had to push or strain to begin urination?

	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
0	1	2	3	4	5	
0	1	2	3	4	5	
0	1	2	3	4	5	
0	1	2	3	4	5	
0	1	2	3	4	5	
0	1	2	3	4	5	
None	1 Time	2 Times	3 Times	4 Times	5 Times	
0	1	2	3	4	5	

7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

Total I-PSS Score:
 (Sum of all numbers circled in questions 1-7.)

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

8. 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 it?