**NEW ISLINGTON MEDICAL PRACTICE**

**International prostate symptom score (IPSS**)

Name: DOB: Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 | Your score |
| Incomplete emptyingOver the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating? | 0 | 1 | 2 | 3 | 4 | 5 |  |
| FrequencyOver the past month, how often have you had to urinate again less than two hours after you finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 |  |
| IntermittencyOver the past month, how often have you found you stopped and started again several times when you urinated? | 0 | 1 | 2 | 3 | 4 | 5 |  |
| UrgencyOver the last month, how difficult have you found it to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 |  |
| Weak streamOver the past month, how often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 |  |
| StrainingOver the past month, how often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | None | 1 time | 2 times | 3 times | 4 times  | 5 times or more | Your score |
| NocturiaOver 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? | 0 | 1 | 2 | 3 | 4 | 5 |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quality of life due to urinary symptoms | Delighted | Pleased | Mostly satisfied | Mixed – about equally satisfied and dissatisfied | Mostly dissatisfied | Unhappy | Terrible |
| 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? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Total score: 0-7 mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic.