

International Prostate Symptom Score (IPSS)

Patient Name: _____ DOB: _____

Date: _____

Circle your answers and add up your scores at the bottom.

DETERMINE YOUR BPH SYMPTOMS Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency – How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream – How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – 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?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	5 or More Times 5
Add Symptom Scores:		+	+	+	+	+

Regardless of the score, if your symptoms are bothersome you should notify your doctor.

Total International Prostate Symptom Score = _____

1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms

Quality of Life (QoL)	Delighted	Pleased	Mostly Satisfied	Mixed	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?	0	1	2	3	4	5	6

Have you tried medications to help your symptoms?	YES	NO
--	-----	----

Did these medications help your symptoms? (circle)											
0	1	2	3	4	5	6	7	8	9	10	

No Relief

Complete Relief

Would you be interested in learning about a minimally invasive option to help treat your urinary symptoms and/or eliminate your current BPH medications?	YES	NO
---	-----	----

Have you noticed any changes, small bump, or slight curve in your erections?	YES	NO
---	-----	----

Have you experienced any difficulty with your erections?	YES	NO
---	-----	----