

International Prostate Symptom Score (IPSS)

		Not at all	Less than 1 time in 5	Less than half the time	More than half the time	Almost always
(Circle one number on each line)						
1	Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4
2	Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4
3	Over the past month, how often have you found you stopped and started again several times when you urinate?	0	1	2	3	4
4	Over the past month, how often have you found it difficult to post pone urination?	0	1	2	3	4
5	Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4
6	Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4
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 to the time you got up in the morning?	0	1	2	3	4
(0=None, 1=1 time, 2=2 times, 3=3 times, 4=4 times, 5=5times or more)						

Print name

Signature

