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INTERNATIONAL PROSTATE SYMPTOMS SCORE (I-PSS)

Patient Name: _____

Date: _____

<i>Please read each question and mark the appropriate number.</i>	Not at all	Less than 1 time in 5	Less than 1/2 of the time	About 1/2 of the time	More than 1/2 of the time	Almost always	Your score
1. INCOMPLETE EMPTYING 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	5	
2. FREQUENCY Over 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	
3. INTERMITTENCY Over the past month, how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. URGENCY Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. WEAK STREAM Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. STRAINING Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
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 you got up in the morning?	0 times	1 time	2 times	3 times	4 times	5 times	
QUALITY OF LIFE	Delighted	Pleased	Mostly satisfied	Mixed feelings	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