

<b>International Prostate Symptom Score (I-PSS)</b>							
In the past month:	Not at all	Less 1 in 5 times	Less than half the time	About half the time	More than half the time	Almost always	Score
1) Incomplete Emptying – How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
2) Frequency – How often have you had to urinate less than every 2 hours?	0	1	2	3	4	5	
3) Intermittency – How often have you had to urinate less than every 2 hours?	0	1	2	3	4	5	
4) Urgency – How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5) Weak Stream – How often have you had a weak urinary stream?	0	1	2	3	4	5	
6) Straining – How often have you had to strain to start urination?	0	1	2	3	4	5	
	<b>None</b>	<b>1 time</b>	<b>2 times</b>	<b>3 times</b>	<b>4 times</b>	<b>5+ times</b>	
7) Nocturia – How many times do you typically get up at night to urinate?	0	1	2	3	4	5	
Score:	1-7 = Mild		8-19 = Moderate		20-35 = Severe		
<b>Quality of Life Due to Urinary Symptoms</b>							
	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