

INTERNATIONAL PROSTATE SYMPTOM SCORE (I – PSS)

Patient Name:.....**Date:**.....

	Never	<1 in 5	>50%	50% time	<50%	Always
1. Incomplete Emptying Over the past month, how often had 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 2 hours after you finished urinating?	0	1	2	3	4	5
3. Intermittency Over the past month, how often have 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
	None	1 Time	2 Times	3 Times	4 Times	5 or More
7. Nocturia Over the past month, 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?	0	1	2	3	4	5

Total I – PSS Score S =

Quality of Life due to urinary Symptoms	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

Quality of Life Assessment Index L =