

International Prostate Symptom Scoresheet (IPSS)

OVER THE PAST MONTH	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score
1. INCOMPLETE EMPTYING How often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
2. FREQUENCY How often have you had to urinate again in less than two hours after you finish urinating?	0	1	2	3	4	5	
3. INTERMITTENCY How often have you found you stopped and started several times when you urinated?	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 push or strain to being urinating?	0	1	2	3	4	5	

Please circle your frequency of urination below

7. NOCTURIA 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	
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TOTAL PROSTATE SYMPTOM SCORE

(0-7) Mild (8-10) Moderate (20-35) Severe