International Prostate Symptom Score (IPSS)

Patient Name:		**Date:**	
Daytime Phone:		**Date of Birth:**	

Determine Your Enlarged Prostate Symptoms

Fill in the corresponding boxes with your answers (0-5)

Over the past month	Not at all 0	Less than one time in five 1	Less than half the time 2	About half the time 3	More than half the time 4	Almost always 5
Incomplete emptying – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	☐	☐	☐	☐	☐	☐
Frequency – How often have you had to urinate again less than two hours after you finished urinating?	☐	☐	☐	☐	☐	☐
Intermittency – How often have you found you stopped and started again several times when you urinated?	☐	☐	☐	☐	☐	☐
Urgency – How often have you found it difficult to postpone urination?	☐	☐	☐	☐	☐	☐
Weak stream – How often have you had a weak urinary stream?	☐	☐	☐	☐	☐	☐
Straining – How often have you had to push or strain to begin urination?	☐	☐	☐	☐	☐	☐
Sleeping – 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?	☐	☐	☐	☐	☐	☐
Total International Prostate Symptom Score						

1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms
Regardless of the score, if your symptoms are bothersome you should notify your doctor.

Quality of Life (QoL)

	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? (Check One)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Have you tried medications to help your symptoms? (Check Yes or No)	**Yes** ☐	**No** ☐

Did these medications help your symptoms? (Check One)

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

No Relief **Complete Relief**

Would you be interested in learning about a minimally invasive option that could allow you to avoid or discontinue enlarged prostate medications? (Check Yes or No)	**Yes** ☐	**No** ☐

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