

International Prostate Symptom Score (I-PSS)

PATIENT NAME: _____ DOB: _____ TODAY'S DATE: _____

PATIENT INSTRUCTIONS

Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always
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 two hours?	0	1	2	3	4	5
3. Intermittency How often have you found you stopped and started again 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 strain to start urination?	0	1	2	3	4	5
	None	1 Time	2 Times	3 Times	4 Times	5 Times
7. Nocturia How many times did you typically get up at night to urinate?	0	1	2	3	4	5

Add the numbers corresponding to questions 1-7.

TOTAL:

SCORE 1-7 Mild 8-19 Moderate 20-35 Severe

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

This information, including the questions, structure and completeness of the sample survey, is based on forms and/or scoring systems developed by independent organizations of relevance to the diagnosis and treatment of benign prostatic hyperplasia (BPH). This material is not a substitute for a consultation or physical examination by a physician. Merit Medical disclaims any liability for the decisions a patient makes based on this information.