

# International prostate symptom score (IPSS)

## What is the IPSS score?

The IPSS questionnaire allows your GP to better understand the severity of your water work symptoms. It is used for men who are having problems that are likely to be related to an enlarged prostate. It is helpful in determining which treatment option is best for you and then monitoring any improvement.

## What does it involve?

There are 7 questions relating to different symptoms you might be experiencing and one question relating to your overall quality of life.

Once you have scored each question the values are added together to give an indication of the severity of your symptoms.

Please complete the form and bring it with you to your appointment.

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Name:

Date:

	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
<b>Incomplete emptying</b> Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
<b>Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
<b>Intermittency</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<b>Urgency</b> Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
<b>Weak stream</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>Straining</b> 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 times or more	Your score
<b>Nocturia</b> Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	

Add Your scores and write total in the box to the right.

**Total score: 0-7 Mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic.**

Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed: Equally satisfied / dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6