

PATIENT HANDOUT

International Prostate Symptom Score questionnaire with “bother score”⁹

Please answer the following questions about your urinary symptoms.

Write your score for each question at the end of each row.

Over the past month, how often have you...	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. ...had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	<input type="text"/>
2. ...had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5	<input type="text"/>
3. ...stopped and started again several times when you urinated?	0	1	2	3	4	5	<input type="text"/>
4. ...found it difficult to postpone urination?	0	1	2	3	4	5	<input type="text"/>
5. ...had a weak urinary stream?	0	1	2	3	4	5	<input type="text"/>
6. ...had to push or strain to begin urination?	0	1	2	3	4	5	<input type="text"/>

And finally...	None	Once	Twice	3 times	4 times	5 times or more	Your score
7. 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	<input type="text"/>

Add up your total score and write it in the box.

TOTAL

Supplementary question: Quality of life due to urinary symptoms

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? (Please check the word that best describes how you would feel.)

- | | |
|---|--|
| <input type="checkbox"/> 0 Delighted | <input type="checkbox"/> 4 Mostly dissatisfied |
| <input type="checkbox"/> 1 Pleased | <input type="checkbox"/> 5 Unhappy |
| <input type="checkbox"/> 2 Mostly satisfied | <input type="checkbox"/> 6 Terrible |
| <input type="checkbox"/> 3 Mixed—about equally satisfied and dissatisfied | |

Assessment

In general, an IPSS score of:

- 0 to 7 indicates mild symptoms
- 8 to 19 indicates moderate symptoms
- 20 to 35 indicates severe symptoms.