

INTERNATIONAL PROSTATE SYMPTOM SCORE SHEET

NAME _____ DATE OF BIRTH _____ DATE _____

	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
INCOMPLETE EMPTYING Over the last month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
FREQUENCY During the last month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
INTERMITTENCY During the last month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
URGENCY During the last month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
WEAK STREAM During the last month, how often have you had a weak urinary stream?	0	1	2	3	4	5
STRAIN During the last 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
SLEEP During the last month, how many times did you get up at night to urinate?	0	1	2	3	4	5

Add your scores above to generate your total symptom score = _____
1-7 mild | 8-19 moderate | 20-35 severe

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
QUALITY OF LIFE 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
ADDITIONAL CONSIDERATIONS If your symptom relief only lasted 1-3 years, how would you feel about that?	0	1	2	3	4	5	6
If you were no longer able to be sexually active, how would you feel about that?	0	1	2	3	4	5	6



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THERAPY

POST BPH TREATMENT SCORE SHEET

NAME _____ DATE OF BIRTH _____ DATE _____

	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
INCOMPLETE EMPTYING Over the last month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
FREQUENCY During the last month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
INTERMITTENCY During the last month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
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If you were no longer able to be sexually active, how would you feel about that?	0	1	2	3	4	5	6

