

Patient Intake & International Prostate Symptom Score (IPSS)

Name:

DOB: / /

Date: / /

What is your experience with medications for Benign Prostate Hyperplasia (BPH)? (circle which one applies)

Currently on Medications for More than 3 Months

Currently on Medications for Less than 3 Months

Tried Medications but Stopped

Never Tried Medications

If you are taking BPH medications, please rate the overall effectiveness of those medications

No Relief/ No Longer Effective

Minimal Relief

Moderate Relief

Good Relief

Very Good Relief

Are you currently experiencing any of these symptoms? (circle all that apply)

Dizziness

Headaches

Fatigue

Insomnia

Nasal Congestion

Depression

Issues with Ejaculation

Erectile Dysfunction

Decreased Sex Drive

Breast Development

Determine Your BPH Symptoms

Over the past month ▼	Never over the past month	About 1 time in 5 over the past month	About 1 time in 3 over the past month	About 1 time in 2 over the past month	About 2 times in 3 over the past month	Always
Incomplete Emptying: How often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency: How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency: How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency: How often have you found it difficult to hold back urinating after you have felt the need?	0	1	2	3	4	5
Weak Stream: How often have you noticed a reduction in the strength and force of your urinary stream?	0	1	2	3	4	5
Strain: How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleep: 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?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:		+	+	+	+	+

0 = No Symptoms

1-7 Mild Symptoms

8-19 Moderate Symptoms

20-35 Severe Symptoms

Total IPSS =

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?	0	1	2	3	4	5	6
Would you like to explore a treatment option that may provide long-term symptom relief and offer an alternative to ongoing BPH medications?						Yes	No



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