



**The International Prostate Symptom Score (I-PSS)**

<b>Patients full name:</b>			
<b>Pre-treatment:</b> (please circle)		Yes / No	
<b>Post-treatment:</b> (please circle)		Yes / No    3/12m <input type="checkbox"/> 6/12m <input type="checkbox"/> <i>If yes, please circle from the below which applies to you:</i> UroLift / Laser BNI / UroLift + Laser BNI / UroLift + HoLEP Mid Lobe / HoLEP / REZUM	
<b>Prostate vol</b>	<b>PSA</b>	<b>Meds:</b>	<b>Antegrade (normal forward) ejaculation</b>
		<ul style="list-style-type: none"> <li>• 5HT-RI</li> <li>• Anti-chol</li> <li>• α blocker</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	Score
<b>1. Incomplete Emptying</b> How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
<b>2. Frequency</b> How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
<b>3. Intermittency</b> How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<b>4. Urgency</b> How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
<b>5. Weak Stream</b> How often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>6. Straining</b> How often have you had to strain to start urination?	0	1	2	3	4	5	
	<b>None</b>	<b>1 time</b>	<b>2 times</b>	<b>3 times</b>	<b>4 times</b>	<b>5 times</b>	
<b>7. Nocturia</b> How many times did you typically get up at night to urinate?	0	1	2	3	4	5	

Score: 1-7: Mild    8-19: Moderate    20-35: Severe

<b>Total I-PSS Score</b>	
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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

