International Prostate Symptom Score (IPSS)

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Determine your BPH Symptoms:
Circle your answers and add up your score

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – How often have you had the 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 postpone urination?	0	1	2	3	4	5
Weak Stream – How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – How many times did you most typically get up to urinate from the time you went to bed at night until you got up in the morning?	None 0	1 Time 1	2 Times 2	3 Times 3	4 Times 4	5 or More Times 5
Add Symptom Scores:						

Total International Prostate Symptom Score = _____

1 – 7 mild symptoms Ι 8-19 moderate symptoms Ι 20-35 severe symptoms

Regardless of the score, if your symptoms are bothersome you should notify your doctor.

Quality of Life

	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**

Have you tried medications to help your symptoms?	**YES**	**NO**
Did these medications help your symptoms? No relief/1 2 3 4 5 6 7 8 9 10/Complete Relief		
Do you have an allergy or sensitivity to NICKEL?	**YES**	**NO**
Would you be interested in learning about a minimally invasive option that could allow you to discontinue your BPH medications?	**YES**	**NO**