



### INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS)

		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	
1	Over the past month, how often have you had sensation of not emptying your bladder completely after you finished urinating	0	1	2	3	4	5	
2	Over the past month, how often have you had to urinate again in less than two hours after you finished urinating?	0	1	2	3	4	5	
3	Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4	Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5	Over the past month, how often have you had a weak urinary system?	0	1	2	3	4	5	
6	Over the past 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 or more times	
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	
							<b>Total I-PSS Score, S=</b>	

### QUALITY OF LIFE DUE TO URINARY SYMPTOMS

	Delighted	Pleased	Most 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	
							<b>Quality of Life Assessment Index, L=</b>	

If available enter data for **Qmax** (cdsec), **RmI** (residual urine) and **Vml or gl** (prostate volume): **S\_L\_Q\_R\_V\_**  
 (Code for R and V: **TA** = Transabdominal, **TR** = Transrectal Ultrasound, **MRI, CAT** = CT scan, **IVU, REC** = Rectal, **END** = Endoscopy **I&O** = Catheterization, **X** = Other).