

Fredericton Urology

IPSS Questionnaire

Suite 207, 1015 Regent St, Fredericton, NB E3B 6H5

Please bring completed form to the appointment with your urologist

INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS) QUESTIONNAIRE :

NAME : _____

PLEASE ANSWER THE FOLLOWING FOR THE LAST 4 WEEKS:

CIRCLE/CLICK ONE NUMBER ON EACH LINE	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. Incomplete Emptying Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. Frequency During the past month or so, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
3. Intermittency During the past month or so, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. Urgency During the past month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. Weak Stream During the past month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. Straining During the past month or so, 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. Nocturia Over the past month, how many times per night 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

QUALITY OF LIFE

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?	0	1	2	3	4	5	6

FOR OFFICE USE ONLY

Symptom Score: _____ / 35 (7/19/35) QOL: _____ / 6