|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Birthdate:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | | | | | | | | | |
| Score International des Symptômes de Prostatisme **IPSS (S)** | | | | | | | | | | | | |
| All question concern the past 4 weeks | | | Not at all | Less than 1 time in 5  (<20%) | Less than half the time | | About half the time  (ca. 50%) | | | More than half the time | | Almost always |
| 1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating? | | | 0 | 1 | 2 | | 3 | | | 4 | | 5 |
| 2. Over the past month, how often have you had to urinate again 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 last month, how difficult have you found it to postpone urination? | | | 0 | 1 | 2 | | 3 | | | 4 | | 5 |
| 5. Over the past month, how often have you had a weak urinary stream? | | | 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 |
| 7. Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning? | | | None  (0) | 1 time  (1) | 2 time  (2) | | 3 time  (3) | | | 4 time  (4) | | 5 times or more  (5) |
| **Total IPS score S= \_\_\_\_\_\_\_** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Quality of life due to urinary symptoms (L)** | | | | | | | | | | | | |
| If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that? | Delighted  (0) | Pleased  (1) | | Mostly  satisfied  (2) | | Mixed – about equally satisfied and dissatisfied  (3) | | | Mostly dissatisfied  (4) | | Unhappy (5) | Terrible  (6) |
| **Score of Quality of life due to urinary symptoms L= \_\_\_\_\_\_\_** | | | | | | | | | | | | |