

	Not at all	Less than 1 time in 5	Less than half the	About half the time	More than half the	Almost always	Your score
<b>Incomplete emptying</b> 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	
<b>Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you finish urinating?	0	1	2	3	4	5	
<b>Intermittency</b> Over the past month, how often have you found yourself stopping and starting several times when you have urinated?	0	1	2	3	4	5	
<b>Urgency</b> Over the last month, how difficult have you found it to postpone urinating?	0	1	2	3	4	5	
<b>Weak stream</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>Straining</b> Over the past month, how often have you had to push or strain to begin urinating?	0	1	2	3	4	5	

	None	1 time	2 times	3 times	4 times	5 times or more	Your score
<b>Nocturia</b> Over the past month, how 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?	0	1	2	3	4	5	

<b>Total IPSS score</b>	
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<b>Quality of life due to urinary symptoms</b>	Delighted	Pleased	Mostly Satisfied	Mixed- about equally satisfied and dissatisfied	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now how would you feel about it	0	1	2	3	4	5	6

**Total score:** 0-7 mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic