BAUN BRITISH ASSOCIATION of UROLOGICAL NURSES

International Prostate Symptom Score (I-PSS)

Patient Name: **Date:**

Symptoms/Score	**Not at all**	**Less than 1 time in 5**	**Less than half the times**	**Around half the times**	**More than half the times**	**Almost always**	**Your Score**
Do you have a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
Do you have to urinate again less than 2 hours after you finis urinating?	0	1	2	3	4	5	
Do you stop and start several times when you urinate?	0	1	2	3	4	5	
How often is it difficult to postpone urination?	0	1	2	3	4	5	
Do you have a weak urinary stream?	0	1	2	3	4	5	
Do you often have to push or strain to begin urination?	0	1	2	3	4	5	
	Never	**1 Time**	**2 Times**	**3 Times**	**4 Times**	**5 Times**	
How many times do you get up to urinate from the time you go to bed at night until you get up in the morning?	0	1	2	3	4	5	
Total I-PSS Score							

Quality of Life due to Urinary Symptoms	Delighted	Pleased	Mostly satisfied	Mixed	Mostly unhappy	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