

# I-PSS 1

## *International Prostate Symptom Score v.1*

**Purpose** : To assess the severity of urinary symptoms related to benign prostatic hyperplasia

**Admin time** : 5 min

**User Friendly** : High

**Administered by** : Self

**Content** : The International Prostate Symptom Score (I-PSS) is based on the answers to seven questions concerning urinary symptoms and one question concerning quality of life. Each question concerning urinary symptoms allows the patient to choose one out of six answers indicating increasing severity of the particular symptom. The answers are assigned points from 0 to 5. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

**Author** : Barry M J, 1992

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<https://www.cgakit.com/g-2-ipss>

# IPSS - International Prostate Symptom Score

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Date : \_\_\_\_\_

Instructions: Circle the best answer to questions 1 - 7

In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always
<b>1. Incomplete Emptying</b> How often have you had the sensation of not emptying your bladder ?	0	1	2	3	4	5
<b>2. Frequency</b> How often have you had to urinate less than every two hours ?	0	1	2	3	4	5
<b>3. Intermittency</b> How often have you found you stopped and started again several times when you urinated ?	0	1	2	3	4	5
<b>4. Urgency</b> How often have you found it difficult to postpone urination ?	0	1	2	3	4	5
<b>5. Weak Stream</b> How often have you had a weak urinary stream ?	0	1	2	3	4	5
<b>6. Straining</b> How often have you had to strain to start urination ?	0	1	2	3	4	5
	<b>None</b>	<b>1 Time</b>	<b>2 Times</b>	<b>3 Times</b>	<b>4 Times</b>	<b>5 Times</b>
<b>7. Nocturia</b> How many times did you typically get up at night to urinate ?	0	1	2	3	4	5

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly 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

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## Scoring

In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Score
<b>1. Incomplete Emptying</b> How often have you had the sensation of not emptying your bladder ?	0	1	2	3	4	5	
<b>2. Frequency</b> How often have you had to urinate less than every two hours ?	0	1	2	3	4	5	
<b>3. Intermittency</b> How often have you found you stopped and started again several times when you urinated ?	0	1	2	3	4	5	
<b>4. Urgency</b> How often have you found it difficult to postpone urination ?	0	1	2	3	4	5	
<b>5. Weak Stream</b> How often have you had a weak urinary stream ?	0	1	2	3	4	5	
<b>6. Straining</b> How often have you had to strain to start urination ?	0	1	2	3	4	5	
	None	1 Time	2 Times	3 Times	4 Times	5 Times	
<b>7. Nocturia</b> How many times did you typically get up at night to urinate ?	0	1	2	3	4	5	
<b>TOTAL SCORE</b>							

**Score:    1-7: Mild            8-19: Moderate            20-35: Severe**

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly 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 ?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

Barry MJ, Fowler FJ, O'leary MP et al. The American Urological Association Symptom Index for benign prostatic hyperplasia. Journal of Urology 1992;148:1549-1557