Table 1

International prostate symptom score (IPSS)

	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	Your score
Incomplete emptying ● 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	
Frequency ● 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	
Intermittency ● 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	
Urgency ● Over the past month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak stream ● Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining ● Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
Nocturia	**None**	**1 time**	**2 times**	**3 times**	**4 times**	**5 times or more**	**Your score**
● Over the past month, how many times did you most typically get up to urinate from the time you went to bed to the time you got up in the morning?	0	1	2	3	4	5	
Total IPSS score							

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

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 the way it is now, how would you feel about that?	0	1	2	3	4	5	6