

Table 3

The International Prostate Symptom Score⁶

	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 finished 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 often have you found it difficult 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	
	None	1 time	2 times	3 times	4 times	≥ 5 times	Your score
Nocturia	0	1	2	3	4	5	
Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?							
TOTAL SCORE							
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: equally satisfied/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 that?	0	1	2	3	4	5	6