**International Prostate Symptom Score**

What is the IPSS score? The IPSS questionnaire allows your GP to better understand the severity of your water work symptoms. It is used for men who are having problems that are likely to be related to an enlarged prostate. It is helpful in determining which treatment option is best for you and then monitoring any improvement. What does it involve? There are 7 questions relating to different symptoms you might be experiencing and one question relating to your overall quality of life. Once you have scored each question the values are added together to give an indication of the severity of your symptoms. Please complete the form and bring it with you to your outpatient appointment.

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| **Patient Name**  | Click here to enter name | **DOB** | Click here to enter DOB | **Date Completed** | Click or tap here to enter date. |

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|  | **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 | Enter score |
| **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 | Enter score |
| **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 | Enter score |
| **Urgency** Over the last month, how difficult have you found it to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 | Enter score |
| **Weak stream** Over the past month, how often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 | Enter score |
| **Straining** Over the past month, how often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 | Enter score |
|  | **None** | **1 time** | **2 times** | **3 times** | **4 times**  | **5 times**  | **Your score**  |
| **Nocturia** Over the past month, 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? |  |  |  |  |  |  | Enter score |
| **Add your scores and write the total in the box to the right**  | Click to enter total number |
| **Total score: 0-7 Mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic.** |
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| **Please indicate which best describes your quality of life due to your urinary symptoms if you were to spend the rest of your life with your urinary condition the way it is now- how would you feel?** |
| Delighted  | Pleased | Mostly satisfied  | Mixed – equally satisfied and dissatisfied  | Mostly dissatisfied  | Unhappy | Terrible  |
| [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]

Adapted from Royal Bath Hospital IPSS NHS Foundation trust

<https://www.ruh.nhs.uk/patients/Urology/documents/patient_leaflets/Form_IPSS.pdf> accessed 10 April 2021