## International Prostate Symptom Score (IPSS)

Patient Name:

Today's Date:

Date of Birth:

Daytime Phone Number:

### **Determine Your BPH Symptoms**

#### Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
<b>Incomplete emptying</b> – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	I	2	3	4	5
<b>Frequency</b> – How often have you had to urinate again less than two hours after you finished urinating?	0	I	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?	0	I	2	3	4	5
<b>Urgency</b> – How often have you found it difficult to postpone urination?	0	Ι	2	3	4	5
<b>Weak stream</b> – How often have you had a weak urinary stream?	0	Ι	2	3	4	5
<b>Straining</b> – How often have you had to push or strain to begin urination?	0	I	2	3	4	5
<b>Sleeping</b> – 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?	None 0	One Time I	Two Times 2	Three Times <b>3</b>	Four Times 4	Five or More Times 5
Add Symptom Scores:	-	 	 		 	F

#### Total International Prostate Symptom Score =

# Quality of Life (QoL)

 $I-7\ mild\ symptoms\ |\ 8-19\ moderate\ symptoms\ |\ 20-35\ severe\ symptoms\ Regardless\ of\ the\ score,\ if\ your\ symptoms\ are\ bothersome\ you\ should\ notify\ your\ doctor.$ 

		Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
of your life condition ju	e to spend the rest with your urinary ust the way it is would you feel	0	I	2	3	4	5	6
Have you		Yes	No					
Did these	medications help y	our symptom	s? (circle)					
I	2 3	3 4	5	6	7	8	9	10
lo Relief	(	Complete Relie						
Would you be interested in learning about a minimally invasive option that could allow								No

you to avoid or discontinue enlarged prostate medications? The information provided in this form may be de-identified and aggregated and provided to a 3rd party for use.

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