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| --- | --- | --- |
|  Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Score International des Symptômes de Prostatisme **IPSS (S)** |
| All question concern the past 4 weeks | Not at all | Less than 1 time in 5(<20%) | Less than half the time | About half the time(ca. 50%) | More than half the time  | Almost always |
| 1. 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 |
| 2. 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 |
| 3. 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 |
| 4. Over the last month, how difficult have you found it to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Over the past month, how often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Over the past month, how often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. 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? | None(0) | 1 time(1) | 2 time (2) | 3 time (3) | 4 time (4) | 5 times or more(5) |
|  **Total IPS score S= \_\_\_\_\_\_\_** |
|  |
| **Quality of life due to urinary symptoms (L)** |
| 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? | Delighted(0) | Pleased (1) | Mostly satisfied (2) | Mixed – about equally satisfied and dissatisfied(3) | Mostly dissatisfied (4) | Unhappy (5) | Terrible(6) |
| **Score of Quality of life due to urinary symptoms L= \_\_\_\_\_\_\_** |