Proliance
Puyallup Surgeons

AUA Study – International Prostate Symptom Score I-PSS

Patient Name _____ **Date of Visit** _____

	Not at all	Less than 1 in 5 times	Less than half the time	About half the time	More than half the time	Almost Always
1. Incomplete Emptying Over the last month, how often have you had the sensation of not emptying your bladder completely after you finished urinating?	**0**	**1**	**2**	**3**	**4**	**5**
2. Frequency During the last month, how often have you had to urinate again less than 2 hours after you finished urinating?	**0**	**1**	**2**	**3**	**4**	**5**
3. Intermittency During the last month, how often have you stopped and started again several times when you urinated?	**0**	**1**	**2**	**3**	**4**	**5**
4. Urgency During the last month, how often have you found it difficult to postpone urination?	**0**	**1**	**2**	**3**	**4**	**5**
5. Weak Stream During the last month, how often have you had a weak urinary stream?	**0**	**1**	**2**	**3**	**4**	**5**
6. Straining During the last month, how often have you had to push or strain to begin urination?	**0**	**1**	**2**	**3**	**4**	**5**
7. Nocturia = Number of Times During the last 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?	**0**	**1**	**2**	**3**	**4**	**5**

Now add up your symptom score 1-7: Mild 8-19: *Moderate* 20-35: ***Severe*** _____

Quality of Life Due to Urinary Symptoms

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Disappointed	Unhappy	Terrible
0	1	2	3	4	5	6