International Prostate Symptom Score (IPP)

Place patient label here

Date:_____

Determine your Symptoms (Circle your answers and add up your score at the bottom)

(Circle One Number on Each Line)	Not at All	Less Than 1 Time in 5	LessThan Half the Time	About Half the Time	More Than Half the Time	Almost Always
Incomplete Emptying - How often have you had a sensation of not emptying your bladder completely after you finished urinating?	**0**	**1**	**2**	**3**	**4**	**5**
Frequency - How often have you had to urinate again less than two hours after you finished urinating?	**0**	**1**	**2**	**3**	**4**	**5**
Intermittency - How often have you found you stopped and started again several times when you urinated?	**0**	**1**	**2**	**3**	**4**	**5**
Urgency - How often have you found it difficult to postpone urination?	**0**	**1**	**2**	**3**	**4**	**5**
Weak Stream - How often have you had a weak urinary stream?	**0**	**1**	**2**	**3**	**4**	**5**
Straining - How often have you had to push or strain to begin urination?	**0**	**1**	**2**	**3**	**4**	**5**
Sleeping - 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** **1**	**Two Times** **2**	**Three Times** **3**	**Four Times** **4**	**Five Times** **5**
Add Symptom Score	+	+	+	+	+	+

Add the score for each number above and write the total in the space to the right. **TOTAL:** _____

1-7 (Mild) | 8-19 (Moderate) | 20-35 (Severe)

QUALITY OF LIFE (QOL)

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you had 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**

Have you tried medications to help your symptoms?	Yes	No

If you tried medications, did these medications help your symptoms?									
1	2	3	4	5	6	7	8	9	10

No Relief *Complete Relief*

Would you be interested in learning about a minimally invasive option that could allow you to discontinue BPH medications?	**Yes**	**No**