

The International Prostate Symptom Score (I-PSS)

A. Symptom Index

1. Over the last month how often have you had a sensation of not emptying your bladder completely after you finished urinating?

(0-5)

2. Over the last month, how often have you had to urinate again less than two hours after you had finished urinating?

(0-5)

3. Over the last month, how often have you found you stopped and started again several times while urinating?

(0-5)

4. Over the last month, how often have you found it difficult to postpone urination?

(0-5)

5. Over the last month, how often have you had a weak stream while urinating?

(0-5)

6. Over the last month, how often have you had to push or strain to begin urinating?

(0-5)

7. Over the last month, how 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? (Score actual number of times).

(0-5)

[Scoring: 0 = not at all; 1 = less than one time in five; 2 = less than half the time; 3 = about half the time; 4 = more than half the time; 5 = almost always]

Interpretation

0 - 7 = Mild 8 - 18 = Moderate 19 - 35 = Severe