

International Prostate Symptom Score

Cedars Sinai Academic Urology Practice

Name (First and Last)

Appointment Date
(mm/dd/yyyy)

Appointment Time

How often have you had the sensation of not emptying your bladder?

Incomplete Emptying

- 0. Not at All
- 1. Less than 1 in 5 Times
- 2. Less than Half the Time
- 3. About Half the Time
- 4. More than Half the Time
- 5. Almost Always

How often have you had to urinate less than every two hours?

Frequency

- 0. Not at All
- 1. Less than 1 in 5 Times
- 2. Less than Half the Time
- 3. About Half the Time
- 4. More than Half the Time
- 5. Almost Always

How often have you found you stopped and started again several times when you urinated?

Intermittency

- 0. Not at All
- 1. Less than 1 in 5 Times
- 2. Less than Half the Time
- 3. About Half the Time
- 4. More than Half the Time
- 5. Almost Always

How often have you found it difficult to postpone urination?

Urgency

- 0. Not at All
- 1. Less than 1 in 5 Times
- 2. Less than Half the Time
- 3. About Half the Time
- 4. More than Half the Time
- 5. Almost Always

How often have you had a weak urinary stream?

Weak Stream

- 0. Not at All
- 1. Less than 1 in 5 Times
- 2. Less than Half the Time
- 3. About Half the Time
- 4. More than Half the Time
- 5. Almost Always

How often have you had to strain to start urination?

Straining

- 0. Not at All
- 1. Less than 1 in 5 Times
- 2. Less than Half the Time
- 3. About Half the Time
- 4. More than Half the Time
- 5. Almost Always

How many times did you typically get up at night to urinate?

Nocturia

- 0. None
- 1 Time
- 2 Times
- 3 Times
- 4 Times
- 5 Times

Quality of Life Due to Urinary Symptoms

- 0. Delighted
- 1. Pleased
- 2. Mostly Satisfied
- 3. Mixed
- 4. Mostly Dissatisfied
- 5. Unhappy
- 6. Terrible

