

International Prostate Symptom Score (IPPS)



Patient Label

Date completed _____

In the past month	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	Your Score
1. Incomplete Emptying How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream How often have had a weak urinary stream?	0	1	2	3	4	5	
6. Straining How often have you had to strain to start urination?	0	1	2	3	4	5	
Please circle your frequency of urination							
7. Nocturia How many times did you typically get up at night to urinate?	0	1	2	3	4	5	
Total I-PSS Score							

Score: 1-7: Mild 8-19: Moderate 20-35: Severe

Quantity of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
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?	0	1	2	3	4	5	6

International Index Erectile Function Score (IIEF-5)

Age Group 40-49

50-59

60-69

70+

Over the past 6 months		Very low	low	moderate	high	Very high	Your Score
1.CONFIDENCE How do you rate your confidence that you could get and keep an erection?		1	2	3	4	5	
	No sexual activity	Almost never or never	A few times(less than half the time)	Sometimes(half the time)	Most times(much more than half the time)	Almost always or always	Your score
2.HARDNESS When you last had an erection with sexual stimulation, how often were your erections hard enough for penetration?	0	1	2	3	4	5	
	Did not attempt intercourse	almost never or never	A few times(less than half the time)	Sometimes(half the time)	Most times(much more than half the time)	Almost always or always	Your score
3.FREQUENCY During sexual intercourse, how often were you able to maintain your erection after you had penetrated(entered) your partner?	0	1	2	3	4	5	
	Did not attempt intercourse	Extremely difficult	Very difficult	difficult	Slightly difficult	Not difficult	Your score
4.Difficulty During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	0	1	2	3	4	5	
	Did not attempt intercourse	Almost never or never	A few times(less than half the time)	Sometimes(half the time)	Most times(much more than half the time)	Almost always or always	Your score
5.SATISFACTION When you attempted sexual intercourse, how often was it satisfactory to you?	0	1	2	3	4	5	

TOTAL ERECTILE FUNCTION SYMPTOM SCORE _____

(1-7) Severe ED

(8-11) Moderate ED

(12-16) Mild to moderate ED

(17-21) Mild ED