

Urology_{West}

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INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS)

This score gives an idea of the symptoms and bother you are suffering. Use the following point scale to answer each of the questions. Write a number in the box at the end of each column and then total the score from all the questions.

- | | |
|---|-----------------------------|
| 0 = Not at all | 3 = About half the time |
| 1 = Less than once in 5 times you have urinated | 4 = More than half the time |
| 2 = Less than half the time | 5 = Almost always |

Name:

DOB:

Date:

Over the past month, how often have you:

Result

Had the sensation of not completely emptying your bladder after you finish urinating?	
Had to urinate again less than 2 hours after your finished urinating?	
Found that you stopped and started again several times when you urinated?	
Found it difficult to postpone urination?	
Had a weak urinary stream?	
Had to push or strain to begin urination?	
Had to get up to urinate from the time you went to bed at night until you got up in the morning? <i>For this question, use the following point scale: 0 = None, 1 = 1 time, 2 = 2 times, 3 = 3 times, 4 = 4 times, 5 = 5 times or more</i>	<i>Times per night</i>
Total score for all questions	

Quality of life

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? *Circle one answer*

Delighted Pleased Mostly satisfied Mixed Mostly dissatisfied Unhappy Terrible