



6624 Fannin Street, Suite 2580
 Houston, TX 77030
 Phone: (844) MENS-MRI
 Fax: (844) 308-5101
www.ProstateLaserCenter.com

International Prostate Symptom Score

Patient Name: _____ Date: _____

Over 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
Incomplete emptying: Over the past month, how often did you have a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
Frequency: Over the past month, how often have you needed to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
Intermittency: Over the past month, how often have you found that you stopped and started your urine stream several times when you urinated?	0	1	2	3	4	5	
Urgency: Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak stream: Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining: Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
Nocturia: Over the past month, how many times did you typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
Total							

Total score: 0-7 Mild symptoms; 8-19 moderate symptoms; 20-35 severe symptoms

Quality 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