

<b>International Prostate Symptom Score</b>	<b>Not at all</b>	<b>Less than 1 time in 5</b>	<b>Less than half the time</b>	<b>About half the time</b>	<b>More than half the time</b>	<b>Almost always</b>
1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
3. Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5

**(Circle the column that best represents the number of times you awake each night, on average.)**

7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5
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**What Your Score Means:**

**Total Score:** \_\_\_\_\_

- 0-7** Points Symptoms are considered mild.
- 8-19** Points Symptoms are considered moderate.
- 20-35** Points Symptoms are considered severe.

Regardless of the score, if you are experiencing symptoms that interfere with your quality of life, you may wish to consult a urologist for further evaluation and additional information regarding this condition.