

BPH patient questionnaire (IPSS, International Prostate Symptom Score)

Name: _____

Date: _____

Over the past month, how often have you...	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	YOUR SCORE
1 ...had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
2 ...had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
3 ...stopped and started again several times when you urinated?	0	1	2	3	4	5	
4 ...found it difficult to postpone urination?	0	1	2	3	4	5	
5 ...had a weak urinary stream?	0	1	2	3	4	5	
6 ...had to push or strain to begin urination?	0	1	2	3	4	5	
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?	None	Once	Twice	3 times	4 times	5 or more times	
	0	1	2	3	4	5	
TOTAL							

To find your IPSS score, combine the sum of your answers for questions 1-7.

a score of 0-7 Indicates mild symptoms, 8-19 Indicates moderate symptoms, 20-35 Indicates severe symptoms

QUALITY OF LIFE DUE TO URINARY SYMPTOMS

If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?

Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied & dissatisfied	Mostly dissatisfied	Unhappy	Terrible
0	1	2	3	4	5	6

If you notice worsening in symptoms, please consult your physician

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