

# Mr Timothy Nedas MB BS MSc FRCS (Urology)

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## International Prostate Symptom Score (IPSS)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Determine your BPH Symptoms

Circle your answers and add up your score at the bottom

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
<b>Incomplete emptying</b> - How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
<b>Frequency</b> - How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
<b>Intermittency</b> - How often you have found you stopped and started again several times when you urinated?	0	1	2	3	4	5
<b>Urgency</b> - How often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>Weak stream</b> - How often have you had a weak urinary stream?	0	1	2	3	4	5
<b>Straining</b> - How often have you had to push or strain to begin urination?	0	1	2	3	4	5

	None	1 time	2 times	3 times	4 times	5 times
<b>Sleeping</b> - 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

Total International Prostate Symptom Score \_\_\_\_\_

1-7 mild symptoms

8-19 moderate symptoms

20-35 severe symptoms

Quality of Life (QoL)	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

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