

# Self Assessment

Patient:  
 DOB:  
 Account #:

The International Prostate Symptom Score is a simple questionnaire. It contains seven questions intended to classify the severity of your enlarged prostate symptoms. Select the response for each question that most closely corresponds to your recent experiences.

**Answer the following 7 questions based on your experiences during the past month.**

Not at all	Less than 1 time in 5	Less than half the times	About half the time	More than half the time	Almost always
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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
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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
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Over the past month, how often have you stopped and started again several times when you urinated?

0	1	2	3	4	5
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Over the past month, how often have you found it difficult to postpone urination?

0	1	2	3	4	5
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Over the past month, how often have you had a weak urinary stream?

0	1	2	3	4	5
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Over the past month, how often have you had to push or strain to begin urination?

0	1	2	3	4	5
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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? (Check the number of times you wake up each night, on average.)

0	1	2	3	4	5
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Please total the numbers you circled \_\_\_\_\_

What your score means:

**0-7 Points**  
 Symptoms are considered mild

**8-19 Points**  
 Symptoms are considered moderate

**20-35 Points**  
 Symptoms are considered severe