# International Prostate Symptom Score (IPSS/AUASS)

**Instructions:** These questions ask about your urinary symptoms, **OVER THE PAST 4 WEEKS.**

**PLEASE COMPLETE BOTH SIDES OF THIS PAGE**

<table>
<thead>
<tr>
<th>CIRCLE/CLICK ONE NUMBER ON EACH LINE</th>
<th>Not at all</th>
<th>Less than 1 time in 5</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Incomplete Emptying</strong>&lt;br&gt;Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>2. Frequency</strong>&lt;br&gt;During the past month or so, how often have you had to urinate again less than two hours after you finished urinating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>3. Intermittency</strong>&lt;br&gt;During the past month or so, how often have you found you stopped and started again several times when you urinated?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>4. Urgency</strong>&lt;br&gt;During the past month or so, how often have you found it difficult to postpone urination?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>5. Weak Stream</strong>&lt;br&gt;During the past month or so, how often have you had a weak urinary stream?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>6. Straining</strong>&lt;br&gt;During the past month or so, how often have you had to push or strain to begin urination?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>7. Nocturia</strong>&lt;br&gt;Over the past month, how many times per night 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?</td>
<td>None</td>
<td>1 Time</td>
<td>2 Times</td>
<td>3 Times</td>
<td>4 Times</td>
<td>5 or More times</td>
</tr>
</tbody>
</table>

## QUALITY OF LIFE

<table>
<thead>
<tr>
<th>Delighted</th>
<th>Pleased</th>
<th>Mostly Satisfied</th>
<th>Mixed</th>
<th>Mostly Dissatisfied</th>
<th>Unhappy</th>
<th>Terrible</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**FOR OFFICE USE ONLY**

Symptom Score: ____ / 35  (7/19/35)  
QOL: ____ / 6
**International Index of Erectile Function (IIEF-5/SHIM)**

**Instructions:** These questions ask about the effects your erection problems have had on your sex life, **OVER THE PAST 6 MONTHS**. Please answer the following questions as honestly and clearly as possible. We understand the sensitive nature of these questions; therefore, all information is strictly confidential.

**PLEASE COMPLETE BOTH SIDES OF THIS PAGE**

Mark ONLY one circle per question:

1. Over the past 6 months, how do you rate your confidence that you could keep an erection?
   - □ 1 Very Low
   - □ 2 Low
   - □ 3 Moderate
   - □ 4 High
   - □ 5 Very high

2. Over the past 6 months, when you had erections with sexual stimulation, **how often** were your erections hard enough for penetration (entering your partner)?
   - □ 1 Almost never or never
   - □ 2 A few times (much less than half the time)
   - □ 3 Sometimes (about half the time)
   - □ 4 Most times (much more than half the time)
   - □ 5 Almost always or always

3. Over the past 6 months, during sexual intercourse, **how often** were you able to maintain your erection after you had penetrated (entered) your partner?
   - □ 1 Almost never or never
   - □ 2 A few times (much less than half the time)
   - □ 3 Sometimes (about half the time)
   - □ 4 Most times (much more than half the time)
   - □ 5 Almost always or always

4. Over the past 6 months, during sexual intercourse, **how difficult** was it to maintain your erection to completion of intercourse?
   - □ 1 Extremely difficult
   - □ 2 Very difficult
   - □ 3 Difficult
   - □ 4 Slightly difficult
   - □ 5 Not difficult

5. Over the past 6 months, when you attempted sexual intercourse **how often** was it satisfactory for you?
   - □ 1 Almost never or never
   - □ 2 A few times (much less than half the time)
   - □ 3 Sometimes (about half the time)
   - □ 4 Most times (much more than half the time)
   - □ 5 Almost always or always

**FOR OFFICE USE ONLY**

Score _____

- Erectile Dysfunction
  - 5-7 Severe
  - 8-11 Moderate
  - 12-16 Mild-Mod
  - 17-21 Mild
  - 22-25 None

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**Men’s Health Inventory**

You only need to complete this section if you are a new patient or there have been changes since last seen.

Do you have a family history of prostate cancer?

□ Yes  □ No

If yes, please provide details if known (e.g. relation, age diagnosis, treatment)

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Have you ever had any of the following? (check all that apply and provide details):

□ Kidney stones  □ Blood in the urine
□ Bladder/kidney infection  □ Surgery on the urinary tract
□ Vasectomy

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Thank you for completing this questionnaire. Email, Print, Fax or Bring to your appointment.