

INTERNATIONAL PROSTATE SYMPTOM SCORE

Please check the answer that best describes your response to each of the following questions. Make sure you select only one response for each question.

Over the past month:

1. **Incomplete emptying** How often have you had the sensation of not emptying your bladder completely after you have finished urinating?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
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

2. **Frequency** How often have you had to urinate again less than two hours after you finished urinating?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
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

3. **Intermittency** How often have you found you stopped and started again several times when you urinated?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
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

4. **Urgency** How often have you found it difficult to postpone urination?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
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

5. **Weak stream** How often have you had a weak urinary stream?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
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

6. **Straining** How often have you had to push or strain to begin urination?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
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

7. **Nocturia** 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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
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

Score _____

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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	
Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Happy	Terrible	

INTERNATIONAL INDEX OF ERECTILE FUNCTION

Each question has several possible responses. Please check the number that best describes your situation. Make sure you select only one response for each question.

Over the past 6 months:

1. How do you rate your confidence that you could get and keep an erection?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Very Low	Low	Moderate	High	Very High

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
No sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more half the time)	Almost or almost always

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered your partner)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more half the time)	Almost or almost always

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
Did not attempt intercourse	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult

5. When you attempted sexual intercourse, how often was it satisfactory to you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more half the time)	Almost or almost always

Score _____

How many times have you attempted sexual intercourse in the past 6 weeks?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1-2	3-4	5-6	7-10	11+

NAME : _____

DATE : _____

BPH CA PSA 701 NL (REV 09/08)

It is very important for your health that you answer these questions as completely and accurately as you can. If you do not understand something, please ask us for help.

We want you to live a healthier life.