Dr Tania Hossack
Urological Surgeon

Patient Name: Date of birth: Date completed:

	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Your Score
1. Incomplete Emptying Over the past month, how often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
2. Frequency Over the past month, how often have you had to urinate less than every two hours?	0	1	2	3	4	5	
3. Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining Over the past month, how often have you had to strain to start urination?	0	1	2	3	4	5	

	None	1 Time	2 Times	3 Times	4 Times	5 Times	Your Score
7. Nocturia Over the past month, how many times did you typically get up at night to urinate?	0	1	2	3	4	5	

TOTAL I-PSS SCORE

SCORE: 1-7 **MILD** 8-19 **MODERATE** 20-35 **SEVERE**

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
Quality of Life Due to Urinary Symptoms 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