International Prostate Symptom Score (IPSS)

Urinary symptoms and quality of life over the past month

Name _____

Date _____

Urinary symptoms

The following questions ask about your urinary symptoms over the past month. Please choose the answer that best describes each one.

1 Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

(0) Not at all (1) Less than 1 time in 5 (2) Less than half the time (3) About half the time (4) More than half the time (5) Almost always

2 Over the past month, how often have you had to urinate again less than two hours after you finished urinating?

(0) Not at all (1) Less than 1 time in 5 (2) Less than half the time (3) About half the time (4) More than half the time (5) Almost always

3 Over the past month, how often have you found you stopped and started again several times when you urinated?

(0) Not at all (1) Less than 1 time in 5 (2) Less than half the time (3) About half the time (4) More than half the time (5) Almost always

4 Over the past month, how often have you found it difficult to postpone urination?

(0) Not at all (1) Less than 1 time in 5 (2) Less than half the time (3) About half the time (4) More than half the time (5) Almost always

5 Over the past month, how often have you had a weak urinary stream?

(0) Not at all (1) Less than 1 time in 5 (2) Less than half the time (3) About half the time (4) More than half the time (5) Almost always

6 Over the past month, how often have you had to push or strain to begin urination?

(0) Not at all (1) Less than 1 time in 5 (2) Less than half the time (3) About half the time (4) More than half the time (5) Almost always

7 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?

(0) None (1) 1 time (2) 2 times (3) 3 times (4) 4 times (5) 5 or more times

Quality of life due to urinary symptoms

8 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) Delighted (1) Pleased (2) Mostly satisfied (3) Mixed (4) Mostly dissatisfied (5) Unhappy (6) Terrible

Barry, M.J. et al. (1992). AUA Symptom Index. J Urol, 148(5), 1549–1557. Quality of life question as printed on the IPSS.

Scoring the IPSS

For the practitioner. Detach before handing the questionnaire to a patient.

How to score it

1. Each answer scores the number circled next to it. No item is reverse scored.
2. Add up questions 1–7 for the urinary symptoms score (0–35). Find its band in the table further down.
3. Question 8, quality of life, is scored 0–6 on its own (delighted to terrible). It is never added to the symptom score.
4. If any question is unanswered, don't score the form.

Scores

Scale	Items	Range	Score	Band
Urinary symptoms	1–7	0–35		
Quality of life	8	0–6		—

Bands: urinary symptoms

Band	Score
Mild symptoms	0–7
Moderate symptoms	8–19
Severe symptoms	20–35

The IPSS measures the severity of urinary symptoms. It is not a diagnostic tool: read the score alongside your own clinical assessment.

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