

International Bladder & Prostate Symptom Score (IBPSS)

Man vs Prostate®

Patient Name: _____

DOB (mm/dd/yy): _____

Today's Date: _____

Determine your BPH Symptoms

Circle your answers and add up your scores at the bottom

Over the past month...		Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always	
Stage I	Weak stream How often have you had a weak urinary stream?	0	1	2	3	4	5	
	Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
	Straining How often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	Incomplete emptying How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
Stage II	Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
	Frequency How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
	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?	0	1	2	3	4	5	
<i>Add your symptom score</i>		+	+	+	+	+		
1-7 mild symptoms 8-19 moderate symptoms 20-35 severe symptoms		Total International Prostate Symptom Score =						
Stage III	Have you ever leaked urine or wet a pad after feeling a sudden need to urinate?					Yes	No	
Stage IV	Have you ever been unable to urinate and needed a catheter to drain your bladder?					Yes	No	

Quality of Life (QoL)

Regardless of the score, if symptoms are bothersome, please notify your doctor

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
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
Sexual Health	In the last month, have you had ejaculation and/or erection problems?					Yes	No