

International Prostate Symptom Score (IPSS)

Patient Name: _____ Date of Birth: _____ Today's Date: _____

In the past month:	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 How often have you had a sensation of not emptying your bladder?	0	1	2	3	4	5	
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream How often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining 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	
7. Nocturia How many times did you typically get up at night to urinate?	0	1	2	3	4	5	
Total IPSS Score:							

Quality of life due to urinary symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Urine Leakage (Incontinence)	No Leakage	Mild (A few drops a day, no pad use)	Mild (More than a few drops a day, 1 – 2 pad/day)	Moderate (3 or more pads per day)	Severe Leakage Problems
Circle One	0	1	2	3	4

Over Please →

Sexual Health Inventory

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. **Please be sure that you select one and only one response for each question.**

Current Status

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

Very Low	Low	Moderate	High	Very High
1	2	3	4	5

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

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 than half the time)	Almost always or always
0	1	2	3	4	5

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

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 than half the time)	Almost always or always
0	1	2	3	4	5

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

Did not attempt intercourse	Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not difficult
0	1	2	3	4	5

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

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 than half the time)	Almost always or always
0	1	2	3	4	5

Score: _____ (Add the numbers corresponding to questions 1 – 5)

Bowel Health Inventory

Circle One (If you need further clarification on what grade to circle, please don't hesitate to ask the **nurse** or **doctor**)

Grade	Adverse Event
0	No problems, no rectal bleeding, no discharge, less the 5 bowel movements a day.
1	Mild diarrhea and/or mild cramping and/or bowel movements more than 5 times daily and/or slight rectal discharge or bleeding.
2	Moderate diarrhea and colic and/or bowel movements more than 5 times daily and/or excessive rectal mucus and/or intermittent bleeding.
3	Obstruction or bleeding, requiring surgery
4	Necrosis / perforation / fistula