

Prostate Health Questionnaire – Handout #2

	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	Your Score
1. Incomplete emptying How often do you have a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
2. Frequency How often do you have to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
3. Intermittency How often do you find you stop and start again several times when you urinate?	0	1	2	3	4	5	
4. Urgency How often do you find it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream How often do you have a weak urinary stream?	0	1	2	3	4	5	
6. Straining How often do you have to push or strain to begin urination?	0	1	2	3	4	5	
	None	1 Time	2 Times	3 Times	4 Times	5 Times or more	
7. Nocturia How many times do you most typically get up to urinate from the time you go to bed to sleep until the time you get up?	0	1	2	3	4	5	
Total I-PSS Score							
	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
QOL 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