



International Prostate Symptom Score (IPSS)

NAME: _____

DATE: _____

	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
Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
Frequency Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
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	
Urgency Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak Stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times	Your score
Nocturia Over the past month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
TOTAL IPS Score							

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed – about equally satisfied	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 it?	0	1	2	3	4	5	6

Total Score: 0-7 Mildly symptomatic; 8-19 Moderately Symptomatic; 20-35 Severely Symptomatic

The IIEF-5 Questionnaire (SHIM)

Please select the response that best describes you for the following five questions:

Over the past 6 Months:					
1. How do you rate your confidence that you could get and keep an erection?	Very Low 1	Low 2	Moderate 3	High 4	Very High 5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Almost never or never 1	A few times (much less than half) 2	Sometimes (about half the time) 3	Most Times (much more than half) 4	Almost Always or Always 5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?	Almost never or never 1	A few times (much less than half) 2	Sometimes (about half the time) 3	Most Times (much more than half) 4	Almost Always or Always 5
4. During Sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Extremely Difficult 1	Very Difficult 2	Difficult 3	Slightly Difficult 4	Not Difficult 5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Almost never or never 1	A few times (much less than half) 2	Sometimes (about half the time) 3	Most Times (much more than half) 4	Almost Always or Always 5

Total Score: _____

1-7: Sever ED 8-11: Moderate ED 12-16: Mild-Moderate ED 17-21: Mild ED 22-25: No ED