

## 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
<b>1. Incomplete Emptying</b> How often have you had a sensation of not emptying your bladder?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>2. Frequency</b> How often have you had to urinate less than every two hours?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>3. Intermittency</b> How often have you found you stopped and started again several times when you urinated?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>4. Urgency</b> How often have you found it difficult to postpone urination?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>5. Weak Stream</b> How often have you had a weak urinary stream?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>6. Straining</b> How often have you had to strain to start urination?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
	<b>None</b>	<b>1 time</b>	<b>2 times</b>	<b>3 times</b>	<b>4 times</b>	<b>5 times</b>	
<b>7. Nocturia</b> How many times did you typically get up at night to urinate?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>Total IPSS Score:</b>							

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?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

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
<b>Circle One</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

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 often were you able to get an erection during sexual activity?

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

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. When you attempted sexual intercourse, how often were you able to penetrate (enter) 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 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

5. 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

6. How many times have you attempted sexual intercourse?

No attempts	One to Two attempts	Three to Four attempts	Five to Six attempts	Seven to Ten attempts	Eleven + attempts
0	1	2	3	4	5

7. 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

8. How much have you enjoyed sexual intercourse?

No intercourse	No enjoyment	Not very enjoyable	Fairly enjoyable	Highly enjoyable	Very highly enjoyable
0	1	2	3	4	5

9. When you had sexual stimulation OR intercourse, how often did you ejaculate?

No sexual stimulation/intercourse	Almost never/ 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/ always
0	1	2	3	4	5

10. When you had sexual stimulation OR intercourse, how often did you have the feeling of orgasm or climax?

No sexual stimulation/intercourse	Almost never/ 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/ always
0	1	2	3	4	5

11. How often have you felt sexual desire?

Almost never/ never	A few times (much less than half the time)	Sometimes (about half the time)	Most of the time (much more than half the time)	Almost always/ always
1	2	3	4	5

12. How would you rate your level of sexual desire?

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

13. How satisfied have you been with your overall sex life?

Very dissatisfied	Moderately dissatisfied	Equally satisfied and dissatisfied	Moderately satisfied	Very satisfied
1	2	3	4	5

14. How satisfied have you been with your sexual relationship with your partner?

Very dissatisfied	Moderately dissatisfied	Equally satisfied and dissatisfied	Moderately satisfied	Very satisfied
1	2	3	4	5

15. 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

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**)

1. Have your daily activities been limited by your bowel problems?

Not at all	A little	Quite a bit	Very much
1	2	3	4

2. Have you had any unintentional release (leakage) of stools?

Not at all	A little	Quite a bit	Very much
1	2	3	4

3. Have you had blood in your stools?

Not at all	A little	Quite a bit	Very much
1	2	3	4

4. Did you have a bloated feeling in your abdomen?

Not at all	A little	Quite a bit	Very much
1	2	3	4