

NAME _____

DATE _____

International Prostate Symptom Score (IPSS)

	Not at all	Less than 1 time in 5	Less than half the time	Half the time	More than half the time	Almost always	
1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
2. 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	
3. Over the past month, how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. 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 or more times	
7. Over the past month, how many times did you 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 SCORE:							
Quality of life due to urinary symptoms							
	Pleased	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?	0	1	2	3	4	5	6
QUALITY OF LIFE SCORE:							

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International Continence Society Questionnaire

1. Does urine leak when you cough or sneeze?

- 0 Never
- 1 Occasionally
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

How much is it a problem for you?

- 0 Not a problem
- 1 A bit of a problem
- 2 Quite a problem
- 3 A serious problem

2. Do you ever leak urine for no obvious reason and without feeling that you want to go?

- 0 Never
- 1 Occasionally
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

How much is it a problem for you?

- 0 Not a problem
- 1 A bit of a problem
- 2 Quite a problem
- 3 A serious problem

3. Do you leak urine when you are asleep?

- 0 Never
- 1 Occasionally
- 2 Sometimes
- 3 Most of the time
- 4 All of the time

How much is it a problem for you?

- 0 Not a problem
- 1 A bit of a problem
- 2 Quite a problem
- 3 A serious problem

4. If you leak urine during the day, do you have to change your clothes or wear pads?

- 0 No, urine does not leak
- 1 Yes, change underpants
- 2 Yes, change clothes
- 3 I wear pads

How much is it a problem for you?

- 0 Not a problem
- 1 A bit of a problem
- 2 Quite a problem
- 3 A serious problem

5. If you use pads, how many on average do you use during the day?

- 0 None
- 1 1
- 2 2
- 3 3 to 5
- 4 6 or more

the night?

- 0 None
- 1 1
- 2 2
- 3 3 to 5
- 4 6 or more

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SHIM IIEF-5

Over the last month:

1. How do you rate your confidence that you could get and keep an erection?
 - 1 Very low
 - 2 Low
 - 3 Moderate
 - 4 High
 - 5 Very high

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
 - 0 No sexual activity
 - 1 Almost never
 - 2 A few times
 - 3 Sometime (half the time)
 - 4 Most times
 - 5 Almost always/always

3. During sexual intercourse, how often were you able to maintain your erection after you penetrated your partner?
 - 0 No sexual activity
 - 1 Almost never
 - 2 A few times
 - 3 Sometime (half the time)
 - 4 Most times
 - 5 Almost always/always

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
 - 0 No sexual activity
 - 1 Extremely difficult
 - 2 Very difficult
 - 3 Difficult
 - 4 Slightly difficult
 - 5 Not difficult

5. When you attempted sexual intercourse, how often was it satisfactory for you?
 - 0 No sexual activity
 - 1 Almost never
 - 2 A few times
 - 3 Sometime (half the time)
 - 4 Most times
 - 5 Almost always/always

TOTAL: