

Thank you for booking your appointment with Dr Winter.

If you are a male with prostate problems, please complete the form below and either email it to our office at [info@sydneyurology.com](mailto:info@sydneyurology.com) or print and bring it along with you to your appointment.

### International Prostate Symptom Score (IPSS)

|   | 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 | You score |
|---|------------|-----------------------|-------------------------|---------------------|-------------------------|---------------|-----------|
| <b>Incomplete Emptying</b><br>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             |           |
| <b>Frequency</b><br>Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?                          | 0          | 1                     | 2                       | 3                   | 4                       | 5             |           |
| <b>Intermittency</b><br>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             |           |
| <b>Urgency</b><br>Over the last month, how difficult have you found it to postpone urination?   | 0          | 1                     | 2                       | 3                   | 4                       | 5             |           |
| <b>Weak stream</b><br>Over the past month, how often have you had a weak urinary stream?  | 0          | 1                     | 2                       | 3                   | 4                       | 5             |           |
| <b>Straining</b><br>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 or more | Your score |
|---|------|--------|---------|---------|---------|-----------------|------------|
| <b>Nocturia</b><br>Over the past month, 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               |            |

|                         |
|-------------------------|
| <b>Total IPSS score</b> |
|-------------------------|

| 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 that? | 0         | 1       | 2                | 3                               | 4                   | 5       | 6        |