

The International Prostate Symptom Score (IPSS) questionnaire (the American Urological Association Symptom Index score is equivalent to IPSS questions 1-7)

Urinary symptoms	Not at all	Less than one time in five	Less than half the time	About 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 2 hours after you finished urinating?	0	1	2	3	4	5
3. Over the past month, how often have you found you stopped and started again several times while urinating?	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
7. Over the past month, how many times did you typically get up to urinate from time you went to bed until the time you got up in the morning?	0	1	2	3	4	5

Total for urinary symptoms: