

International Prostate symptom score (IPSS)

	Never	Less than 1 out of 5 times	Less than half of the time	Half of the time	More than half of the time	Almost always	Total
1. Over the past month, how often have you had the feeling of not completely emptying your bladder after you finish 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?							
3. Over the past month, how often have you stopped and started again several times when you urinated?							
4. Over the past month, how often have you found it difficult to postpone your urine?							
5. Over the past month, how often have you had a weak urine stream?							
6. Over the past month, how often have you had to push or strain to begin urination?							
7. Over the past month, how many times did you most typically get up to urinate during the night?							

Total I-PSS-score: S =

'QUALITY OF LIVE' DUE TO URINARY TRACT SYMPTOMS	Delighted	Pleased	Mostly satisfied	Mixed feelings	Mostly dissatisfied	Unhappy	Very unhappy
If urination was to remain as it is for the rest of your life, how would you feel?	0	1	2	3	4	5	6

'Quality of life' -score: L =