

Lake Success Division

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Name _____

Date _____

	<i>Not at all</i>	<i>Less than 1 time in 5</i>	<i>Less than half the time</i>	<i>About half the time</i>	<i>More than half the time</i>	<i>Almost always</i>	Your Score
1. Incomplete emptying How often do you have a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
2. Frequency How often do you have to urinate less than two hours after you finished urinating?	0	1	2	3	4	5	
3. Intermittency How often do you find you stop and start again several times when you urinate?	0	1	2	3	4	5	
4. Urgency How often do you find it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak stream How often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining How often do you have to push or strain to begin urination?	0	1	2	3	4	5	

	<i>None</i>	<i>1 time</i>	<i>2 times</i>	<i>3 times</i>	<i>4 times</i>	<i>5 times</i>	Your Score
Nocturia How many times do you most typically get up to urinate from the time you go to bed to sleep until the time you get up?	0	1	2	3	4	5	

Total IPSS Score	
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QQL	<i>Delighted</i>	<i>Pleased</i>	<i>Mostly Satisfied</i>	<i>Mixed – about equally satisfied and dissatisfied</i>	<i>Mostly dissatisfied</i>	<i>Unhappy</i>	<i>Terrible</i>
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