

After your tests, the Urologist will discuss with you the results and any treatment or further appointments required. Your GP will be sent a report within 2 working days.

International prostate symptom score (IPSS)

| NAME: | 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 | Your Score |
|---|------------|-----------------------|-------------------------|---------------------|-------------------------|---------------|------------|
| <i>Incomplete emptying</i> 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 | |
| <i>Frequency</i> 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 | |
| <i>Intermittency</i> 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 | |
| <i>Urgency</i> Over the last month, how difficult have you found it to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 | |
| <i>Weak stream</i> Over the past month, how often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 | |
| <i>Straining</i> Over the past month, how often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 | |

| Nocturia | None | 1 time | 2 times | 3 times | 4 times | 5 times or more | Your score |
|--|------|--------|---------|---------|---------|-----------------|------------|
| 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 | |

| | |
|-------------------------|--|
| Total IPSS score | |
|-------------------------|--|

| Quality of life due to urinary symptoms | Delighted | Pleased | Mostly satisfied | Mixed | 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 |

Day 1 Date: ____ / ____ / ____

Please complete this **3 day** bladder diary. Enter the following in each column against the time. You can change the specified times if you need to. In the time column, please write **BED** when you went to bed and **WOKE** when you woke up.

Drinks: write the amount you had to drink and the type of drink.

Urine output: enter the amount of urine you passed in millilitres (mls) in the urine output column, day and night. Any measuring jug will do. If you passed urine but couldn't measure it, put a tick in this column. If you leaked urine at any time write LEAK here.

Bladder sensation: write a description of how your bladder felt when you went to the toilet using these codes:
0 - If you had no sensation of needing to pass urine, but passed urine for "social reasons", for example, just before going out, or unsure where the next toilet is.
1 - If you had a normal desire to pass urine and no urgency. "Urgency" is different from normal bladder feelings and is the sudden compelling desire to pass urine which is difficult to defer, or a sudden feeling that you need to pass urine and if you don't you will have an accident.
2 - If you had urgency but it had passed away before you went to the toilet.
3 - If you had urgency but managed to get to the toilet, still with urgency, but did not leak urine.
4 - If you had urgency and could not get to the toilet in time so you leaked urine.

Pads: if you put on or change a pad put a tick in the pads column.

Here is an example of how to complete the diary:

| Time | Drinks | | Urine output | Bladder sensation | Pads |
|-------------|--------|-------|--------------|-------------------|------|
| | Amount | Type | | | |
| 6am WOKE | | | 350ml | 2 | |
| 7am | 300ml | tea | | | |
| 8am | | | ✓ | 2 | |
| 9am | | | | | |
| 10am | cup | water | Leak | 3 | ✓ |

| Time | Drinks | | Urine output (mls) | Bladder sensation | Pads |
|----------|--------|------|--------------------|-------------------|------|
| | Amount | Type | | | |
| 6am | | | | | |
| 7am | | | | | |
| 8am | | | | | |
| 9am | | | | | |
| 10am | | | | | |
| 11am | | | | | |
| Midday | | | | | |
| 1pm | | | | | |
| 2pm | | | | | |
| 3pm | | | | | |
| 4pm | | | | | |
| 5pm | | | | | |
| 6pm | | | | | |
| 7pm | | | | | |
| 8pm | | | | | |
| 9pm | | | | | |
| 10pm | | | | | |
| 11pm | | | | | |
| Midnight | | | | | |
| 1am | | | | | |
| 2am | | | | | |
| 3am | | | | | |
| 4am | | | | | |
| 5am | | | | | |

| Time | Drinks | | Urine output (mls) | Bladder sensation | Pads |
|----------|--------|------|--------------------|-------------------|------|
| | Amount | Type | | | |
| 6am | | | | | |
| 7am | | | | | |
| 8am | | | | | |
| 9am | | | | | |
| 10am | | | | | |
| 11am | | | | | |
| Midday | | | | | |
| 1pm | | | | | |
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| 5pm | | | | | |
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| Midnight | | | | | |
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| 2am | | | | | |
| 3am | | | | | |
| 4am | | | | | |
| 5am | | | | | |

| Time | Drinks | | Urine output (mls) | Bladder sensation | Pads |
|----------|--------|------|--------------------|-------------------|------|
| | Amount | Type | | | |
| 6am | | | | | |
| 7am | | | | | |
| 8am | | | | | |
| 9am | | | | | |
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| 4am | | | | | |
| 5am | | | | | |