

**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:**