

# International Prostate Symptom Score (IPSS)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Completed: \_\_\_\_\_

IPSS						
In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always
<b>Incomplete Emptying</b> How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5
<b>Frequency</b> How often have you had to urinate less than every two hours?	0	1	2	3	4	5
<b>Intermittency</b> How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
<b>Urgency</b> How often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>Weak Stream</b> How often have you had a weak urinary stream?	0	1	2	3	4	5
<b>Straining</b> How often have you had to strain to start urination?	0	1	2	3	4	5
<b>Nocturia</b> How many times did you typically get up at night to urinate?	0	1	2	3	4	5

**Score:** 0–7: Mild    8–19: Moderate    20–35: Severe

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5

The iTind procedure is a new minimally invasive treatment which provides rapid and effective relief of BPH symptoms while preserving sexual function and without burning tissue or leaving behind permanent implants.<sup>1</sup>

Based on your test results, ask your doctor if the iTind procedure is right for you.

**1. Which age group do you fall into?**

☐ Under 50yrs   ☐ 50–65yrs   ☐ 65yrs or older

**2. Have you been previously diagnosed with benign prostatic hyperplasia (enlarged prostate)?**

☐ Yes   ☐ No

**3. What was the result of your IPSS questionnaire?**

☐ Mild symptoms (0-7)  
☐ Moderate symptoms (8-19)  
☐ Severe symptoms (20-35)

**4. Calculate the score of questions 2, 4 and 7 from the IPSS questionnaire (irritative symptoms):**

\_\_\_\_\_

**5. Calculate the score of questions 1, 3, 5 and 6 from the IPSS questionnaire (obstructive symptoms):**

\_\_\_\_\_

**6. Have you ever been prescribed medication to treat BPH? (Include Rx Name and dates treatment started / stopped)**

☐ Never prescribed BPH medication.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Medications for enlarged prostate can cause bothersome side effects in some patients. Have you ever experienced any of the side effects below (select all that apply)?**

☐ Fatigue   ☐ Dizziness  
☐ Headache   ☐ Nasal congestion  
☐ Low libido   ☐ Dry orgasm  
☐ Impotence   ☐ Muscle pain  
☐ Anxiety   ☐ Irregular heart beat

**8. Have you ever been prescribed medication to treat overactive bladder? (Include Rx Name and dates treatment started / stopped)**

☐ Never prescribed overactive bladder medication.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Are you being treated for any other medical conditions? (Please list)**

☐ Not being treated for any other health issues.

\_\_\_\_\_  
\_\_\_\_\_

IPSS Test Results: \_\_\_\_\_ Candidate for Prostate Reshaping with the iTind™ Procedure: ☐ Yes   ☐ No

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Implantation of the iTind device may cause pelvic discomfort, blood in urine, painful or urgent urination. In rare cases, the iTind device may cause urinary tract infection or a sudden difficulty to urinate.

<sup>1</sup> Amparore et al., 2020.