

# 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><br>How often have you had the sensation of not emptying your bladder?                | 0          | 1                      | 2                       | 3                   | 4                       | 5             |
| <b>Frequency</b><br>How often have you had to urinate less than every two hours?                                | 0          | 1                      | 2                       | 3                   | 4                       | 5             |
| <b>Intermittency</b><br>How often have you found you stopped and started again several times when you urinated? | 0          | 1                      | 2                       | 3                   | 4                       | 5             |
| <b>Urgency</b><br>How often have you found it difficult to postpone urination?                                  | 0          | 1                      | 2                       | 3                   | 4                       | 5             |
| <b>Weak Stream</b><br>How often have you had a weak urinary stream?   | 0          | 1                      | 2                       | 3                   | 4                       | 5             |
| <b>Straining</b><br>How often have you had to strain to start urination?  | 0          | 1                      | 2                       | 3                   | 4                       | 5             |
| <b>Nocturia</b><br>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):**

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

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

Never prescribed BPH medication.

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**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)?**

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Fatigue    | <input type="checkbox"/> Dizziness            |
| <input type="checkbox"/> Headache   | <input type="checkbox"/> Nasal congestion     |
| <input type="checkbox"/> Low libido | <input type="checkbox"/> Dry orgasm           |
| <input type="checkbox"/> Impotence  | <input type="checkbox"/> Muscle pain          |
| <input type="checkbox"/> Anxiety    | <input type="checkbox"/> 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.

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

Not being treated for any other health issues.

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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.

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