

INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS)

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DATE July 25, 2016

The questionnaire below was developed by the American Urological Association (AUA) to help men evaluate the severity of their symptoms from benign hyperplasia (BHP). This self-administered test can help determine which treatment is needed, if any. Symptoms are classified as mild (1 to 7), moderate (8 to 19), or severe (20 to 35). Generally, no treatment is needed if symptoms are mild; moderate symptoms usually call for some form of treatment; and severe symptoms indicate that surgery is most likely to be effective.

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| 0 | Q1 | Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating? | <ul style="list-style-type: none"> 0 Not at all 1 Less than 1 time in 5 2 Less than half the time 3 About half the time <input checked="" type="radio"/> 4 More than half the time 5 Almost always |
| 0 | Q2 | Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating? | <ul style="list-style-type: none"> 0 Not at all 1 Less than 1 time in 5 2 Less than half the time <input checked="" type="radio"/> 3 About half the time 4 More than half the time 5 Almost always |
| 0 | Q3 | Over the past month, how often have you found you stopped and started again several times when you urinated? | <ul style="list-style-type: none"> 0 Not at all 1 Less than 1 time in 5 2 Less than half the time 3 About half the time 4 More than half the time <input checked="" type="radio"/> 5 Almost always |
| 0 | Q4 | Over the past month, how often have you found it difficult to postpone urination? | <ul style="list-style-type: none"> 0 Not at all 1 Less than 1 time in 5 2 Less than half the time 3 About half the time 4 More than half the time <input checked="" type="radio"/> 5 Almost always |
| 0 | Q5 | Over the past month, how often have you had a weak urinary stream? | <ul style="list-style-type: none"> 0 Not at all 1 Less than 1 time in 5 2 Less than half the time 3 About half the time 4 More than half the time <input checked="" type="radio"/> 5 Almost always |
| 0 | Q6 | Over the past month, how often have you had to push or strain to begin urination? | <ul style="list-style-type: none"> 0 Not at all 1 Less than 1 time in 5 2 Less than half the time 3 About half the time 4 More than half the time 5 Almost always |
| 0 | Q7 | Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning? | <ul style="list-style-type: none"> 0 None 1 One time <input checked="" type="radio"/> 2 Two times <input checked="" type="radio"/> 3 Three times 4 Four times 5 Five times |
| 0 | TOTAL SCORE | 25 | 25 |
| 0 | Q8 | How would you feel if you had to live with your urinary condition the way it is now, no better, no worse, for the rest of your life? | <ul style="list-style-type: none"> 0 Delighted 1 Pleased 2 Mostly Satisfied <input checked="" type="radio"/> 3 Mixed <input checked="" type="radio"/> 4 Mostly Dissatisfied 5 Unhappy 6 Terrible |