【 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
INCOMPLETE EMPTYING How often have you had the sensation of not emptying your bladder?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FREQUENCY How often have you had to urinate less than every two hours?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
INTERMITTENCY How often have you found you stopped and started again several times when you urinated?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
URGENCY How often have you found it difficult to postpone urination?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
WEAK STREAM How often have you had a weak urinary stream?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
STRAINING How often have you had to strain to start urination?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
	None	1 time	2 times	3 times	4 times	5 times or more
NOCTURIA How many times did you typically get up at night to urinate?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

【 QOL 】	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
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	☐ 6

【 OABSS 】	7 times or less	8-14 times	15 times or more
FREQUENCY How many times did you typically urinate from waking in the morning until sleeping at night?	☐ 0	☐ 1	☐ 2
	None	1 time	2 times	3 times or more
NOCTURIA How many times did you typically get up at night to urinate?	☐ 0	☐ 1	☐ 2	☐ 3
	Not at all	Less than once a week	Once a week or more	About once a week	2-4 times a day	5 times a day or more
URGENCY How often have you had a sudden desire to urinate, which is difficult to defer?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
URGENCY INCONTINENCE How often have you leaked urine because you cannot defer the sudden desire to urinate?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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