Beth Shelly Physical Therapy Male Intake

Name _____ Date _____

International Continence Impact Questionnaire (ICIQ) - in the past 2 week

How often do you leak urine?	How much do you think leaks. How much do you usually leak (whether you wear protection or not)?
___ Never ___ About once a week or less often ___ Two or three times a week ___ About once a day ___ Several times per day ___ All the time	___ None ___ A small amount ___ A moderate amount ___ A large amount

Overall, how much does leaking interfere with your everyday life? Please circle one number.

0 1 2 3 4 5 6 7 8 9 10

not at all a great deal

ICIQ ___/ 21

International Prostate Symptom Score (IPSS)

	Not at all	Less than 1 in 5	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – how often have you had a sensation of not empting your bladder completely after you finish urinating?	0	1	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished urinating?	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 push or strain to begin urination?	0	1	2	3	4	5

Nocturia – how many times do you most typically get up to urinate from the time you went to bed until the time you get up in the morning?

None once twice three times four times five or more times

If you had to spend the rest of your life with your urinary condition the way it is now, no better, no worse, how would you feel about that?

0=delighted 1=pleased 2=mostly satisfied 3=mixed 4=mostly dissatisfied 5=dissatisfied 6=terrible

IPSS score ____/35 mild (0-7), moderate (8-19), sever (20-35)

Updated Jan 2021