

# N.E.O. Urology Associates, Inc.

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## International Prostate Symptom Score (IPSS)

Name \_\_\_\_\_ Date \_\_\_\_\_

Please fill out this short questionnaire to help us find out more about any urinary problems you might have; for questions 1 through 7, circle the number under the column that best describes your situation; for question 6, circle the number in the row which best describes your situation.

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost Always
<b>1. INCOMPLETE EMPTYING:</b> Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
<b>2. FREQUENCY:</b> Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
<b>2. INTERMITTENCY:</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
<b>3. URGE TO URINATE:</b> Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>5. WEAK STREAM:</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
<b>6. STRAINING:</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
	None	1 time	2 times	3 times	4 times	5+ times
<b>7. URINATING AT NIGHT:</b> 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?	0	1	2	3	4	5

Symptom Score:

1-7 Mild, 8-19 Moderate, 20-35 Severe

Total: \_\_\_\_\_

### BOTHERSOME SCORE DUE TO URINARY SYMPTOMS

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
<b>QUALITY OF LIFE DUE TO URINARY SYMPTOMS:</b> 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?	0	1	2	3	4	5	6

Turn over →

## Urine Leakage (Incontinence)

	No Leakage	Mild (A few drops a day, no pad use)	Mild (More than a few drops a day, 1-2 pad/day)	Moderate (3 or more pads per day)	Severe Leakage Problems
Circle One	0	1	2	3	4

## Sexual Health Inventory For Men

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. **Please be sure that you select one and only one response for each question.**

Current Status

1. How do you rate your confidence that you could achieve and keep an erection?

Very Low	Low	Moderate	High	Very High
1	2	3	4	5

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

No sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
0	1	2	3	4	5

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

Did not attempt intercourse	Almost never or never	A few times (Much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
0	1	2	3	4	5

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

Did not attempt intercourse	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
0	1	2	3	4	5

5. When you attempted sexual intercourse, how often was it satisfactory to you?

Did not attempt intercourse	Almost never or never	A few times (Much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
0	1	2	3	4	5

SHIM Score: \_\_\_\_\_ (Add the numbers corresponding to questions 1-5)

SHIM total score 22-25 no ED, 17-21 mild, 12-16 mild to moderate, 8-11 moderate, and 1-7 severe ED.