CENTRAL COAST INTERVENTIONAL
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Prostate Artery Embolization (PAE)

IPSS & Quality of Life Questionnaire

This questionnaire helps measure urinary symptom severity and quality of life related to benign prostatic hyperplasia (BPH). Please complete this form prior to consultation or procedure planning.

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Date Completed: _____

International Prostate Symptom Score (IPSS)

Question	0	1	2	3	4	5
1. Incomplete Emptying						
2. Frequency						
3. Intermittency						
4. Urgency						
5. Weak Stream						
6. Straining						
7. Nocturia						

Quality of Life Question

If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?

0 [ ] Delighted
1 [ ] Pleased
2 [ ] Mostly Satisfied
3 [ ] Mixed
4 [ ] Mostly Dissatisfied
5 [ ] Unhappy
6 [ ] Terrible

Additional Notes

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Please bring this completed form to your consultation or fax with referral materials.