International prostate symptom score (IPSS)

Name:	I	Date:						
	Not at all	Less than 1 time in 5	Less than half the	About half the time	More than half the	Almost always	Your	
Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5		
Frequency	-		اِ. <u> </u>	<u>, </u>		x ,		
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