

ICS Questionnaire - Evaluation of Urinary Symptoms in Male

Last Name	First Name	Date of Birth	Date
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Please answer, thinking about the symptoms you have experienced in the last month

You will see that some questions ask how often you have a symptom:

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|---|------------------|---|--|
| 0 | Never | = | <i>< 1/3 of the time</i> |
| 1 | Occasionally | = | <i>between 1/3 and 2/3 of the time</i> |
| 2 | Sometimes | = | <i>more than 2/3 of the time</i> |
| 3 | Most of the time | = | |
| 4 | All the time | = | |

1	Is there a delay before you start to urinate?	0	1	2	3	4
2	Do you have to strain to continue urinating?	0	1	2	3	4
3	Would you say that the strength of your urinary stream is reduced?	0	1	2	3	4
4	Do you stop and start more than once while you urinate?	0	1	2	3	4
5	How often do you feel that your bladder has not emptied properly after you have urinated?	0	1	2	3	4

ICS Male voiding symptoms

Total score.....

1	Do you have to rush to the toilet to urinate?	0	1	2	3	4
2	Does urine leak before you can get to the toilet?	0	1	2	3	4
3	Does urine leak when you cough or sneeze?	0	1	2	3	4
4	Do you ever leak for no obvious reason and without feeling that you want to go?	0	1	2	3	4
5	Do you leak urine when you are asleep?	0	1	2	3	4
6	How often have you had slight wetting of your pants a few minutes after you had finished urinating and had dressed?	0	1	2	3	4

ICS Male storage symptoms

Total score.....

During the night, how many times do you have to get up to urinate?	0	1	2	3	4
How often do you pass urine during the day? Every 4 h or more = 0 Every 2 hours = 2 Every 3 hours = 1 Hourly = 3	0	1	2	3	
Overall, how much do your urinary symptoms interfere with your life? Not at all = 0 Somewhat = 2 A little = 1 A lot = 3	0	1	2	3	

Donovan, J. L., Peters, T. J., Abrams, P., Brookes, S. T., de la Rosette, J. J. M. C. H. and Schafer, W.: Scoring the short form ICS male SF questionnaire. J Urol, 164: 1948, 2000