

| | 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 | YOUR SCORE |
|--|------------|-----------------------|-------------------------|---------------------|-------------------------|---------------|------------|
| 1. 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 | |
| 2. Frequency Over the past month, how often have you had to urinate again less than two hours after you have finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 | |
| 3. Intermittency 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 | |
| 4. Urgency Over the past month, how often have you found it difficult to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 | |
| 5. Weak Stream Over the last month, how often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 | |
| 6. Straining Over the past month, how often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 | |
| | None | Once | Twice | 3 times | 4 times | 5 or more | YOUR SCORE |
| 7. Nocturia Over the past month how many times did you most typically get up each night to urinate from the time you went to bed until the time you got up in the morning? | 0 | 1 | 2 | 3 | 4 | 5 | |
| Total I-PSS Score | | | | | | | |
| Quality of Life due to Urinary Symptoms | Delighted | Pleased | Mostly satisfied | Mixed | Mostly unhappy | Unhappy | Terrible |
| If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Supplementary Fig. 1. International Prostate Symptom Score.