

「國際前列腺症狀評分表」 International Prostate Symptom Score (I-PSS)

姓名 Name : _____

年齡 Age : _____ 電話 Telephone No. : _____

請回答以下問題，完成後交予醫生評估。 Please complete this questionnaire and pass it to your doctor for evaluation.

過去一個月內，您是否經常有以下情況？ During the last month or so how often have you experienced the following ?

	無 No	少於 1/5 Less than 1 in 5 times	少於 1/2 Less than 1/2 of the times	約 1/2 About 1/2 of the times	多於半數 More than 1/2 of the times	幾乎每一次 Almost always
1) 有未能把尿排清的感覺？ Had a sensation of not emptying your bladder completely after urinating?	0	1	2	3	4	5
2) 常在排尿後兩小時內又要小便？ Had the urge to urinate again in less than two hours after you finished urinating?	0	1	2	3	4	5
3) 排尿時尿流斷斷續續？ Stopped and started again several times when you urinated?	0	1	2	3	4	5
4) 感到忍尿有困難？ Found it difficult to postpone urination?	0	1	2	3	4	5
5) 尿流細弱？ Had a weak urinary stream?	0	1	2	3	4	5
6) 需要用力及使勁才能開始排尿？ Had to push or strain to urinate?	0	1	2	3	4	5
7) 夜間醒來起床排尿的次數？ 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?	無 (0)	1 次 (1)	2 次 (2)	3 次 (3)	4 次 (4)	5 次 (5)
症狀總評分 Total score of symptoms						

評分標準 Interpretation of symptoms : 0-7 分輕度 mild ; 8-19 分中度 moderate ; 20-35 分嚴重 severe

因泌尿系統疾病的症狀而影響了生活的質素 Quality of life due to urinary problem							
	非常好 Delighted	好 Pleased	多數滿意 Mostly satisfied	滿意/ 不滿意各半 Mixed- about equally satisfied and dissatisfied	多數不滿意 Mostly dissatisfied	不愉快 Unhappy	很痛苦 Terrible
假如你現時排尿情況保持不變，你覺得今後生活質素如何： 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	1	2	3	4	5	6
生活質素的評分 Score on quality of life							