INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS)

Dr. Fernando Gómez Sancha
ICUA · Advanced Urological Surgery Institute (Madrid)

Name (optional): _____ **Age:** _____ yrs **Date:** ____ / ____ / 20____

How to complete: Think about your urination over the **past 30 days**. Circle one number from **0 to 5** on each row, write it in the right-hand box, and add all 7 rows at the bottom. Bring this sheet to your urologist.

Over the past month	0 Not At All	1 Less Than 1 Time In 5	2 Less Than Half The Time	3 About Half The Time	4 More Than Half The Time	5 Almost Always	Score (0–5)
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)	
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=None · 1=Once · 2=Twice · 3=3 times · 4=4 times · 5=5 or more)**	(0)	(1)	(2)	(3)	(4)	(5)	

TOTAL SYMPTOM SCORE (QUESTIONS 1–7)
TOTAL IPSS: _____ / 35

0 to 7 points · Mild
Watchful waiting and simple fluid/lifestyle adjustments are usually sufficient.

8 to 19 points · Moderate
Warrants uroflowmetry, post-void residual ultrasound, and discussion of treatment.

20 to 35 points · Severe
High impact: schedule prompt urological evaluation to protect your bladder muscle.

8. Quality of Life due to Urinary Symptoms: 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
Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible

Two key clinical reminders: 1) The IPSS measures urinary bother · **it never diagnoses or rules out prostate cancer**. 2) A thickened bladder muscle can silently compensate for severe obstruction with few symptoms: always interpret IPSS alongside uroflowmetry and post-void residual volume.

Scientific validation & source: Barry MJ, Fowler FJ Jr, O'Leary MP, Bruskewitz RC, Holtgrewe HL, Mebust WK, Cockett AT; Measurement Committee of the American Urological Association. The American Urological Association symptom index for benign prostatic hyperplasia. J Urol. 1992 Nov;148(5):1549-1557. doi:10.1016/S0022-5347(17)36966-5. PMID: 1279218.

3-Day (72-Hour) Bladder & Voiding Diary

Dr. Fernando Gómez Sancha
ICUA · Advanced Urological Surgery Institute (Madrid)

Simple instructions: Pick **3 full 24-hour days** (they do not need to be consecutive). Use a measuring jug in milliliters (`ml`). Log every drink and every void. Under **Urg.** rate sudden urgency: `0` none, 1 mild, 2 strong, 3 leakage. Under **N / M** write `N` if woken from sleep to void and `M` on the **first morning void upon waking** (counts toward overnight urine production).

DAY 1 · Date: ____/____/_____

Bedtime: _____ | Wake-up: _____

Time	Drink (ml)	Urine (ml)	Urg. (0–3)	N / M

24 h fluid intake: _____ **ml**
24 h urine output: _____ **ml**
Night urine (N + M): _____ **ml**

DAY 2 · Date: ____/____/_____

Bedtime: _____ | Wake-up: _____

Time	Drink (ml)	Urine (ml)	Urg. (0–3)	N / M

24 h fluid intake: _____ **ml**
24 h urine output: _____ **ml**
Night urine (N + M): _____ **ml**

DAY 3 · Date: ____/____/_____

Bedtime: _____ | Wake-up: _____

Time	Drink (ml)	Urine (ml)	Urg. (0–3)	N / M

24 h fluid intake: _____ **ml**
24 h urine output: _____ **ml**
Night urine (N + M): _____ **ml**

Why this single sheet changes diagnoses: If more than **33% of your total 24-hour urine volume** is produced while asleep (night voids marked `N` plus the first morning void `M`), you have **nocturnal polyuria** · excess overnight urine production (sleep apnea, leg fluid reabsorption, late evening fluids, or medication timing) that no prostate pill or prostate surgery alone can cure.

NIH CHRONIC PROSTATITIS SYMPTOM INDEX (NIH-CPSI)

Dr. Fernando Gómez Sancha
ICUA · Advanced Urological Surgery Institute (Madrid)

Name (optional): _____ **Age:** _____ yrs **Date:** ____ / ____ / 20____

Think about your symptoms over the **last week**. Select one response for each item and sum the three clinical domains (Pain 0–21, Urinary 0–10, Quality of Life Impact 0–12).

PAIN OR DISCOMFORT (1)

1. In the last week, have you experienced any pain or discomfort in the following areas?

a. Area between rectum and testicles (perineum)	☐ **Yes (1)**	☐ **No (0)**
b. Testicles	☐ **Yes (1)**	☐ **No (0)**
c. Tip of the penis (not related to urination)	☐ **Yes (1)**	☐ **No (0)**
d. Below your waist, in your pubic or bladder area	☐ **Yes (1)**	☐ **No (0)**

PAIN OR DISCOMFORT (2 · 3)

2. In the last week, have you experienced:

a. Pain or burning during urination?	☐ **Yes (1)**	☐ **No (0)**
b. Pain or discomfort during or after sexual climax (ejaculation)?	☐ **Yes (1)**	☐ **No (0)**

3. How often have you had pain or discomfort in any of these areas over the last week?

☐ **0** Never ☐ **1** Rarely ☐ **2** Sometimes ☐ **3** Often ☐ **4** Usually ☐ **5** Always

4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week? (0 = NO PAIN · 10 = PAIN AS BAD AS YOU CAN IMAGINE)

0	1	2	3	4	5	6	7	8	9	10

5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?

☐ **0** · Not at all ☐ **1** · Less than 1 time in 5 ☐ **2** · Less than half the time ☐ **3** · About half the time ☐ **4** · More than half the time ☐ **5** · Almost always

6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?

☐ **0** · Not at all ☐ **1** · Less than 1 time in 5 ☐ **2** · Less than half the time ☐ **3** · About half the time ☐ **4** · More than half the time ☐ **5** · Almost always

7. How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?

☐ **0** · None ☐ **1** · Only a little ☐ **2** · Some ☐ **3** · A lot

8. How much did you think about your symptoms, over the last week?

☐ **0** · None ☐ **1** · Only a little ☐ **2** · Some ☐ **3** · A lot

9. If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?

☐ **0** · Delighted ☐ **1** · Pleased ☐ **2** · Mostly satisfied ☐ **3** · Mixed (about equally satisfied and dissatisfied) ☐ **4** · Mostly dissatisfied ☐ **5** · Unhappy ☐ **6** · Terrible

Domain I · Pain (0–21)	Domain II · Urinary (0–10)	Domain III · Quality of Life (0–12)	TOTAL NIH-CPSI (0–43)
_____ / 21	_____ / 10	_____ / 12	_____ / 43

A decrease of **4 or more points** in the total score over time indicates a clinically meaningful improvement. Over 90% of chronic prostatitis cases are non-bacterial (chronic pelvic pain syndrome) and do not benefit from repeated antibiotic courses when cultures are negative.

Scientific validation & source: Litwin MS, McNaughton-Collins M, Fowler FJ Jr, Nickel JC, Calhoun EA, Pontari MA, Alexander RB, Farrar JT, O'Leary MP; Chronic Prostatitis Collaborative Research Network. The National Institutes of Health chronic prostatitis symptom index: development and validation of a new outcome measure. J Urol. 1999;162(2):369-375 (Appendix 2, p. 374).

The International Index of Erectile Function (IIEF-5) Questionnaire

Dr. Fernando Gómez Sancha
ICUA · Advanced Urological Surgery Institute (Madrid)

Name (optional): _____ **Age:** _____ yrs **Date:** ____ / ____ / 20____

Consider your sexual life over the **past 6 months** (or since surgery/treatment during follow-up). Mark a single answer per question and sum all 5 items. **Over the past 6 months:**

1. How do you rate your confidence that you could get and keep an erection?

- ☐ **1** · Very low
- ☐ **2** · Low
- ☐ **3** · Moderate
- ☐ **4** · High
- ☐ **5** · Very high

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- ☐ **1** · Almost never/never
- ☐ **2** · A few times (much less than half the time)
- ☐ **3** · Sometimes (about half the time)
- ☐ **4** · Most times (much more than half the time)
- ☐ **5** · Almost always/always

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- ☐ **1** · Almost never/never
- ☐ **2** · A few times (much less than half the time)
- ☐ **3** · Sometimes (about half the time)
- ☐ **4** · Most times (much more than half the time)
- ☐ **5** · Almost always/always

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- ☐ **1** · Extremely difficult
- ☐ **2** · Very difficult
- ☐ **3** · Difficult
- ☐ **4** · Slightly difficult
- ☐ **5** · Not difficult

5. When you attempted sexual intercourse, how often was it satisfactory for you?

- ☐ **1** · Almost never/never
- ☐ **2** · A few times (much less than half the time)
- ☐ **3** · Sometimes (about half the time)
- ☐ **4** · Most times (much more than half the time)
- ☐ **5** · Almost always/always

TOTAL IIEF-5
_____ / 25

22-25	17-21	12-16	8-11	5-7
No erectile dysfunction	Mild erectile dysfunction	Mild to moderate erectile dysfunction	Moderate erectile dysfunction	Severe erectile dysfunction

Clinical note: Standard interpretation bands (5 to 25 points) are validated for men who attempted sexual intercourse during the recall period. If zero-activity options apply, review directly with your urologist.
New or worsening erectile dysfunction should also be evaluated as an early marker of cardiovascular and metabolic health, alongside effective step-by-step rehabilitation options.

Scientific validation & source: Rosen RC, Cappelleri JC, Smith MD, Lipsky J, Peña BM. Development and evaluation of an abridged, 5-item version of the International Index of Erectile Function (IIEF-5) as a diagnostic tool for erectile dysfunction. Int J Impot Res. 1999 Dec;11(6):319-326. doi:10.1038/sj.ijir.3900472. PMID: 10637462.

ICUA Urinary Continence & Pelvic Floor Log

Dr. Fernando Gómez Sancha
ICUA · Advanced Urological Surgery Institute (Madrid)

Name (optional): _____ **Age:** _____ yrs **Date:** ____ / ____ / 20____

Original ICUA clinical log designed to track post-prostatectomy continence recovery objectively and keep a steady, fatigue-free external sphincter training routine.

1. CURRENT CONTINENCE STATUS (PAST 7 DAYS)

Average number of pads used per 24 hours:

□ 0 (dry without pad) □ 1 thin liner for reassurance only (stays dry) □ 1 pad/day □ 2 pads/day □ 3 or more pads/day

Typical pad dampness when changed:

□ Dry □ A few drops on effort □ Moderately damp □ Soaked

When does leakage happen? (check all that apply):

□ Coughing, sneezing or laughing
□ Brisk walking, lifting or exercise
□ Sudden urgency before reaching the toilet
□ Standing up from a chair or bed
□ Late afternoon/evening sphincter fatigue
□ While asleep at night

2. WEEKLY PELVIC FLOOR TRAINING LOG (3 × 10 ROUTINE)

Contract the urinary sphincter as if stopping wind or interrupting urine flow (keep buttocks and abdomen relaxed, breathe normally) for 5–8 seconds, followed by 10 seconds of full relaxation. Always use **the Knack**: squeeze half a second before coughing, standing up or lifting.

Day	Morning (10 reps)	Midday (10 reps)	Evening (10 reps)	Used "the Knack" on effort	Pads used today
Monday	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□	_____
Tuesday	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□	_____
Wednesday	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□	_____
Thursday	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□	_____
Friday	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□	_____
Saturday	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□	_____
Sunday	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □	□	_____

Postoperative safety rule: Never perform pelvic floor exercises while a urinary catheter is in place; begin only after catheter removal when cleared by your urologist or pelvic floor physiotherapist. Overtraining without rest fatigues the sphincter and worsens evening leakage.

My "5-Line" Diagnostic Passport & Consultation Checklist

Dr. Fernando Gómez Sancha
ICUA · Advanced Urological Surgery Institute (Madrid)

How to use this sheet: If you are investigating an elevated PSA or have received a prostate biopsy report, filling out these **5 lines** with your urologist gives you the exact clinical profile of your case so you can compare options calmly.

1 PSA trend & reflex biomarkers

Last 3 PSA values (ng/ml & dates): _____

Free PSA % / PHI / 4Kscore: _____

PSA density (ideal < 0.15): _____

2 Prostate size & Multiparametric MRI (mpMRI)

Prostate volume (cc or g): _____

PI-RADS score (1 to 5): _____

Capsule & seminal vesicles intact?: _____

3 Prostate biopsy: microscopic grade

ISUP Grade Group (1 to 5): _____

Gleason score (e.g. 3+3, 3+4): _____

Positive cores / total & max %: _____

4 Clinical stage (T · N · M) & family genetics

Clinical stage (e.g. cT1c / cT2 N0 M0): _____

Imaging (CT / Bone scan / PSMA-PET): _____

Family history / BRCA2 status: _____

5 Overall risk group & essential daily medications

EAU / NCCN risk group: _____

Taking finasteride / dutasteride? (true PSA ≈ ×2): _____

Blood thinners / antiplatelets?: _____

Essential questions to tick and bring to your appointment

- ☐ Are my urinary symptoms driven by prostate obstruction, bladder overactivity, or nocturnal polyuria?
- ☐ If I undergo BPH surgery, what is the true 10-year retreatment rate of this technique?
- ☐ Will removed tissue be examined by pathology after the procedure?
- ☐ How should we safely coordinate my blood thinners / antiplatelets?
- ☐ Am I a safe candidate for Active Surveillance without missing my window of cure?
- ☐ Between robotic prostatectomy and radiotherapy, which side-effect profile best fits my priorities?
- ☐ How many procedures of this specific type does your team perform per year?
- ☐ How many weeks can I safely take to decide or seek a second opinion?

Write down all personal questions you want to ask your urologist (no limit on number of questions):

Longitudinal PSA Passport & Medication Safety Card

Dr. Fernando Gómez Sancha
ICUA · Advanced Urological Surgery Institute (Madrid)

Name (optional): _____ **Age:** _____ yrs **Date:** ____ / ____ / 20____

A single PSA value tells very little on its own; clinical decisions rely on **PSA kinetics over time** and **PSA Density (PSA divided by prostate volume in cc**; generally reassuring below `0.15 ng/mL/cc`).

Date & Lab	Total PSA (ng/mL)	Free PSA (%)	Prostate Vol (cc)	PSA Density (PSA/vol)	Qmax Flow (mL/s)	Post-void Res (mL)	On 5-ARI? / Notes

My current urological and daily medications (name & dose):

Three critical medication safety alerts to keep with your medical records

1. Cataract surgery & alpha-blockers (tamsulosin, silodosin, alfuzosin, doxazosin):
Even if stopped months or years ago, always inform your ophthalmologist before cataract surgery (Intraoperative Floppy Iris Syndrome, IFIS) so the eye surgeon can take simple preventive measures.

2. Finasteride & dutasteride (or combination capsules such as tamsulosin + dutasteride):
After 6 months of treatment, these drugs halve serum PSA. Multiply your lab PSA by 2 to estimate your true comparable baseline, and report any sustained rise while taking them.

3. Blood thinners (anticoagulants & antiplatelets):
Record aspirin, clopidogrel, warfarin, acenocoumarol, apixaban, rivaroxaban, dabigatran or edoxaban here. Never stop or bridge them on your own without your physicians' coordinated plan before biopsy or surgery.