Original Article

Correlation evaluation of the international prostate symptom score (IPSS), visual prostate symptom score (VPSS), and modified visual prostate symptom score (mVPSS) in Thai males with benign prostatic hyperplasia

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Keywords:
International prostate symptom score (IPSS), visual prostate symptom score (VPSS), modified visual prostate symptom score (mVPSS), benign prostatic hyperplasia

Abstract

Objective: To study the correlation between the modified visual prostate symptom score (mVPSS), the visual prostate symptom score (VPSS) and the international prostate symptom score (IPSS) in Thai males who were diagnosed with benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS).

Material and Method: One hundred and ten Thai males who were diagnosed with BPH and LUTS by urologists were enrolled onto the study between 1st March and 31st July 2019. They were divided into 2 different groups by simple random sampling. The first group was requested to complete the A questionnaire which was composed of IPSS and VPSS and the second group was assigned to finish the B questionnaire which consisted of IPSS and mVPSS. Both groups had to complete their personal data, including age, education level, monthly income, and duration of treatment for BPH, and they also were classified as high or low educated groups. The correlations between the scores of mVPSS, VPSS, and IPSS in the high or low educated groups were assessed using Pearson's correlation coefficient with IBM SPSS statistics 22.0.

Results: There were statistically significant correlations between mVPSS, VPSS, and IPSS ($P<0.05$) in total and individual scores, which consisted of quality of life, voiding symptom score, storage symptom score, frequency score and nocturia score. According to this study, it was found that the mVPSS and VPSS questionnaires took less time to complete and were easier than the IPSS. However, in high-educated patients, there was no statistically significant rate to complete the mVPSS, VPSS and IPSS questionnaire by themselves. In addition, this study showed a strong positive correlation between the IPSS versus mVPSS and VPSS in the high-educated groups ($r=0.935$ and $r=0.898$, respectively). In contrast, in the low-educated patient group, there was no statistically significant correlation

between the VPSS and IPSS questionnaires in frequency score. However, this study found a positive correlation of frequency score between the mVPSS and IPSS questionnaires in all educated groups. Moreover, most patients felt that the mVPSS and VPSS questionnaires were easier to understand and complete than the IPSS questionnaire.

Conclusion: The mVPSS shows a statistically significant correlation to the IPSS standard questionnaire, which means that the IPSS can be replaced by the mVPSS in order to evaluate Thai males with BPH and LUTS, because the mVPSS can be used with all educated groups and the patients are able to understand and complete the questionnaire more quickly. For these reasons, the mVPSS is an excellent choice to replace the VPSS and IPSS, which still have many limitations with varieties of patients.

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Introduction

Benign prostatic hyperplasia (BPH) is a common urological problem in male patients with lower urinary tract symptoms (LUTS). Incidence of BPH in the USA was estimated to be 8%, 50% and 80% of men over 40, 60 and 90 years old, respectively, in an autopsy study[1]. In Thailand, an epidemiologic study showed that the number of Thai men with BPH were found increasingly to be 116.38, 130.80 and 141.95 per 100,000 Thai men in 2007-2009 consecutively[2].

The international prostate symptom score (IPSS) is the standard questionnaire, first published in 1992[3], to evaluate the severity of BPH with LUTS, for example, voiding symptoms, storage symptoms, frequency, nocturia and quality of life[4]. It is useful and worldwide but has some limitations for evaluation, especially in illiterate patients or low-educated patients.

In 2011, the visual prostate symptom score (VPSS) was established and launched by Dr. Adam E. Groeneveld, et al. It showed that the VPSS could evaluate and replace IPSS, especially in low-educated patients[5]. On the other hand, in Thailand, Pim-pon Hongthong found that the VPSS was statistically significantly related to the IPSS only in high-educated Thai patients[6]. Moreover, Vasun Setthawong, et al. showed that the VPSS was statistically significantly related to the IPSS and uroflowmetry parameters but surprisingly low-educated patients felt that the IPSS was easier than the VPSS[7]. For these reasons, the modified visual prostate symptom score (mVPSS) was created by this study according to the VPSS. This study applied some Thai sentences to be read, which were simple and easy to understand in each of the mVPSS questionnaires.

The objectives of this study have two endpoints. The first endpoint is to study the correlation of the IPSS, VPSS and mVPSS in Thai men. The second endpoint is to assess the correlation of the self-completion rate in the 2 groups of patients, low-educated and high-educated patients in the IPSS, VPSS and mVPSS questionnaires.

Material and Method

The institutional ethics committee of Nakhon Pathom Hospital approved this simple random sampling study. This study was conducted at Nakhon Pathom Hospital in Nakhon Pathom Province, Thailand from 1st March to 31st July 2019. The inclusion criteria were consenting Thai male patients over 40 years old who visited the urological department and were diagnosed with BPH and LUTS. The exclusion criteria were patients who were diagnosed with urinary tract infection, urethral stricture, prostate cancer, history of prostate gland surgery, history of chemotherapy or radiation treatment in the pelvic area and abnormal urination due to neurological disease.

One hundred and ten Thai male patients were divided into 2 different groups and required to fill out the questionnaires independently. If they could not complete the questionnaire by themselves, they needed to ask for assistance before being helped.

The first group (group A), 55 patients, was requested to complete the A questionnaire which was composed of demographical details, the IPSS and VPSS, respectively. Demographical details consisted of education level: low-educated group (≤ primary school) and high-educated group (≥ high school), monthly income, and duration of treatment for BPH. The VPSS contained 4 questions: Q1: force of urine stream; Q2: frequency; Q3: nocturia; and Q4: quality of life.

The second group (group B), 55 patients, was assigned to finish the B questionnaire which consisted of demographical details, IPSS and mVPSS consecutively. Demographical details and the IPSS had the same questions as the A questionnaire but the mVPSS questions were added in the Thai language: Q1: force of urine stream; Q2: frequency; Q3: nocturia; and Q4: quality of life in the Thai language, as shown in the appendix. After finishing the questionnaire, all the patients were asked, "Which questionnaire do you feel is easier to complete and understand, in the first group: the IPSS or VPSS and in the second group: the IPSS or mVPSS?"

The correlations between the mVPSS, VPSS and IPSS scores and the correlations of low and high educated groups in both A and B questionnaires were assessed using Pearson's correlation coefficient with IBM SPSS statistics 22.0.

Results

A total of 110 men who were diagnosed with BPH and LUTS were evaluated from 1st March to 31st July 2019. The mean age, literacy level, monthly income, duration of treatment for BPH, time to complete, number of requirements for questionnaire assistance and questionnaire preference of the study subjects are shown in Table 1.

The first group (group A), patients spent less time to complete the VPSS questionnaire than the IPSS questionnaire 2.67 and 5.00 minutes, respectively (p=0.00). Five of 55 patients (9.09%) required assistance to complete the VPSS and 18 of 55 (32.73%) needed assistance to complete the IPSS; 52.7% of the patients preferred to do the VPSS and 47.3% preferred the IPSS.

Table 1. Demographic characteristics, time, assistance, questionnaire preference of patients in completing the questionnaire.

	All patients (N=110)	Group A (IPSS and VPSS) (N=55)	Group B (IPSS and mVPSS) (N=55)
Age (yrs ± SD)	68.23 ± 9.56	69.13 ± 10.24	67.33 ± 8.84
Education (n, %)			
Low education (No education and Primary school)	74 (67.3)	42 (76.4)	32 (58.2)
High education (High school, Vocational education and Bachelor degree or higher)	36 (32.7)	13 (23.6)	23 (41.8)
Monthly income (baht ± SD)	5,5927.27 ± 0.95	3,621.82 ± 5,816.28	7,572.73 ± 10,514.42
Duration of treatment for BPH (yrs)	3.75 ± 4.11	4.28 ± 4,78	3.23 ± 3.30
Time to complete the questionnaire (mins)			
IPSS		5.00	4.58
VPSS/mVPSS		2.67	1.93
Assistance to complete the questionnaire (n, %)			
IPSS		18 (32.73)	18 (32.73)
VPSS/mVPSS		5 (9.09)	6 (10.91)
Questionnaire preference (n, %)			
IPSS		26 (47.3)	11 (18.2)
VPSS/mVPSS		29 (52.7)	44 (81.8)

IPSS = international prostate symptom score; VPSS = visual prostate symptom score; mVPSS = modified visual prostate symptom score.

The second group (group B), the mVPSS questionnaire required less time to be completed than the IPSS questionnaire 1.93 and 4.58 minutes consecutively (p=0.001). The number of patients who wanted assistance answering the mVPSS and IPSS questionnaire were 6 (10.91%) and 18 (32.73%), respectively (p=0.005). Moreover, patients preferred to answer the mVPSS by 81.8% more than the IPSS by 18.2%.

The results of the group A study were a statistically significant positive correlation between total score (p=0.00) and each of the questions of the IPSS and VPSS (p=0.00): quality of life, voiding symptom score, storage symptom score, frequency score and nocturia score. Moreover, group B was found to have the same results as group A in total score and individual scores of the IPSS and mVPSS; quality of life, voiding symptom score, storage symptom score, and frequency score had a statistically significantly positive correlation, especially in nocturia score (p=0.00, r=+0.931) (Table 2).

In high-educated patients, there were statistically significant positive correlations to both group A (the IPSS vs VPSS) and group B (the IPSS vs mVPSS) ($p<0.05$), especially in nocturia score (group A; r=+0.898, p=0.00) (group B; r=+0.935, p=0.00) in Table 3. In contrast, this study had no correlation of high-educated patients who required assistance to fill out the A questionnaire (p=0.337) by 4 for the IPSS (30.77%) versus 2 for the VPSS (15.38%), and the B questionnaire (p=0.328) by 2 for the IPSS (8.70%) versus 1 for the mVPSS (4.35%).

Table 2. Mean total score, symptom subscore of the patients and correlation coefficient of group A and group B.

Symptom score	Group A (IPSS and VPSS)				GroupB (IPSS and mVPSS)			
	Mean IPSS	Mean VPSS	Pearson Correlation	P-value	Mean IPSS	Mean mVPSS	Pearson Correlation	P-value
Total Score	12.89	9.86	0.651	0.00	13.38	9.93	0.724	0.00
Quality of life	2.13	2.44	0.724	0.00	2.09	2.27	0.762	0.00
Voiding score (IPSS Q1, 3, 5, 6 vs mVPSS Q1)	6.71	3.18	0.548	0.00	7.32	2.96	0.501	0.00
Storage score (IPSS Q2, 4, 7 vs mVPSS Q2, 3)	6.18	6.67	0.66	0.00	6.05	6.96	0.703	0.00
Frequency score (IPSS Q2 vs mVPSS Q2)	1.82	3.53	0.52	0.00	1.78	4.30	0.458	0.00
Nocturia score (IPSS Q7 vs mVPSS Q3)	2.98	3.15	0.784	0.00	2.55	2.67	0.931	0.00

IPSS = international prostate symptom score; VPSS = visual prostate symptom score;
mVPSS = modified visual prostate symptom score.

Table 3. The analysis of correlation to group A and group B in high-educated patients.

Symptom score	Group A (IPSS and VPSS)				GroupB (IPSS and mVPSS)			
	Mean IPSS	Mean VPSS	Pearson Correlation	P-value	Mean IPSS	Mean mVPSS	Pearson Correlation	P-value
Total Score	10.46	8.84	0.631	0.021	14.74	10.43	0.791	0.000
Quality of life	2.00	1.31	0.686	0.010	2.39	2.91	0.726	0.000
Voiding score (IPSS Q1, 3, 5, 6 vs mVPSS Q1)	2.69	5.31	0.688	0.009	7.87	3.17	0.458	0.028
Storage score (IPSS Q2, 4, 7 vs mVPSS Q2, 3)	6.15	5.15	0.674	0.011	6.87	7.26	0.809	0.000
Frequency score (IPSS Q2 vs mVPSS Q2)	1.38	3.54	0.571	0.042	2.00	4.43	0.690	0.000
Nocturia score (IPSS Q7 vs mVPSS Q3)	2.62	2.38	0.898	0.000	2.83	2.83	0.935	0.000

IPSS = international prostate symptom score; VPSS = visual prostate symptom score; mVPSS = modified visual prostate symptom score.

In low-educated patients, there was a statistically significantly positive correlation to group A ($p<0.05$) in total score, quality of life, voiding symptom score, storage symptom score and nocturia score, but group A had no significant correlation in frequency score ($p=0.151$). On the other hand, in group B, a statistically significantly positive correlation in symptom subscore of the patients was found (Table 4). Moreover, low-educated patients who were assigned to fill in the A questionnaire needed more assistance to complete the IPSS (73.81%) than the VPSS (57.14%), which had a positive correlation ($p=0.001$) compared with the B questionnaire by 50% for the IPSS and 15.63% for the mVPSS, which had the same positive correlation ($p=0.001$).

Discussion

This study showed a statistically significant correlation between the IPSS, VPSS and mVPSS that was consistent with the "Correlation Evaluation of a New Visual Prostate Symptom Score and the International Prostate Symptom Score in Thai Men with Lower Urinary Tract Symptoms", a study by Pim-pon Hongthong and Apirak Santingamkun[6]. They found that the VPSS and IPSS had a good correlation in high-educated patients, which was similar to our study, particularly in nocturia score, which had a high correlation coefficient from high-educated patients by 0.935 for the mVPSS and 0.898 for the VPSS.

Table 4. The analysis of correlation to group A and group B in low-educated patients.

Symptom score	Group A (IPSS and VPSS)				GroupB (IPSS and mVPSS)			
	Mean IPSS	Mean VPSS	Pearson Correlation	P-value	Mean IPSS	Mean mVPSS	Pearson Correlation	P-value
Total Score	13.64	10.17	0.636	0.00	12.41	9.56	0.660	0.000
Quality of life	2.57	2.38	0.722	0.00	1.87	1.81	0.825	0.000
Voiding score (IPSS Q1, 3, 5, 6 vs mVPSS Q1)	3.33	7.14	0.494	0.001	6.94	2.81	0.532	0.002
Storage score (IPSS Q2, 4, 7 vs mVPSS Q2, 3)	6.83	6.50	0.647	0.00	5.47	6.75	0.617	0.000
Frequency score (IPSS Q2 vs mVPSS Q2)	1.625	4.19	0.260	0.151	3.52	1.95	0.512	0.001
Nocturia score (IPSS Q7 vs mVPSS Q3)	3.31	3.17	0.737	0.00	2.34	2.56	0.933	0.000

IPSS = international prostate symptom score; VPSS = visual prostate symptom score; mVPSS = modified visual prostate symptom score.

In the other direction, this research had no correlation to frequency score between the IPSS and VPSS in the low-educated group, but the study showed a significant correlation to frequency score between the IPSS and mVPSS in all patients, which is the same as the previous research, "To investigate the correlation between the visual prostate symptom score, the international prostate symptom score, and uroflowmetry parameters in adult Thai males of different educational levels," a study by Setthawong, V. et al.[7]. In addition, we found out that the low-educated group required more assistance to complete the IPSS, VPSS and mVPSS questionnaires than the high-educated group, and most patients mentioned that the mVPSS was easier to understand and needed less time to be completed.

In the study by MacDiarmid, SA. et al., "Evaluation of 'Visual prostate symptom score' in men with benign enlargement of prostate in a tertiary care center in midwestern Nepal,"8 it was revealed that patients with a low-education level thought that the VPSS was easier and spent less time to complete than IPSS; this study had a concordant result that the VPSS and mVPSS took less time to be completed than the IPSS questionnaire.

As a result of the mVPSS questionnaire there was a significant correlation with the IPSS in all educated groups; it was convenient, reliable and quick to assess symptom severity. Thus, the mVPSS is a new alternative tool to use instead of the IPSS and VPSS that have some limitations in the evaluation of Thai patients with BPH and LUTS.

However, some patients could not answer the questions by themselves and asked for assistance. They might have difficulty in interpreting and understanding the questions, especially in the IPSS. For example, the sensation of not emptying your bladder and the feeling about urinary condition could be interpreted to have different meanings by different patients. In addition, the pictogram of frequent urination during the day from the VPSS and mVPSS may be misinterpreted or overestimated, because if patients answered that they urinated 5-6 times/day as the healthy people in the question do, they would get higher scores, indicating more severe symptoms.

Conclusion

The mVPSS and VPSS correlated significantly with the IPSS as regards the overall score and the individual scores. Moreover, patients spent less time and required less assistance to complete the mVPSS and VPSS than the IPSS, especially in high-educated patients, which had a strong correlation to nocturia score. In contrast, in low-educated patients in this study there was no correlation between IPSS and VPSS in frequency scores because they might not have understood the IPSS questions or VPSS pictogram clearly.

As a result of this study, the mVPSS is a new alternative questionnaire that can be used with patients of all educational levels because they can understand it easily, spend less time completing it, and not require assistance compared with the IPSS and VPSS.

Acknowledgements

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Conflict of interest

The authors declare no conflict of interest.

วันที่ .....

ชุด A
แบบสอบถามข้อมูลผู้ป่วยต่อมลูกหมากโต

1. อายุ ..... ปี

2. การศึกษา
   - ❑ ไม่ได้ศึกษา ❑ ประถมศึกษา ❑ มัธยมศึกษา
   - ❑ อาชีวศึกษา ❑ ปริญญาตรี หรือ สูงกว่า ❑ อื่นๆ ระบุ.....

3. รายได้ ..... บาท/เดือน

4. ระยะเวลาตั้งแต่เริ่มรับการรักษาภาวะต่อมลูกหมากโต ..... ปี

แบบสอบถามมาตรฐานเดิม

(International Prostate Symptom Score; IPSS)

เวลาเริ่มทำแบบสอบถาม..... เวลาทำแบบสอบถามเสร็จ..... ❑ ผู้ช่วยเหลือ

คำถามเกี่ยวกับอาการ	ไม่มีเลย	น้อยครั้ง นับได้ น้อยกว่า หนึ่งในห้า	มีบ้าง นับได้ น้อยกว่า ครึ่ง	มี บ่อยครั้ง ประมาณ ครึ่งหนึ่ง	บ่อยมาก นับได้ มากกว่า ครึ่ง	แทบ ทุกครั้ง
1. ในหนึ่งเดือนที่ผ่านมา หลังจากท่านปัสสาวะเสร็จแล้ว บ่อยครั้งแค่ไหนที่ท่านมีความรู้สึกว่าถ่ายปัสสาวะไม่สุด	0	1	2	3	4	5
2. ในหนึ่งเดือนที่ผ่านมา บ่อยครั้งแค่ไหนที่ท่านต้องปัสสาวะอีก ทั้งๆ ที่เพิ่งจะถ่ายไปครั้งหนึ่งแล้วก่อนหน้านั้นไม่ถึง 2 ชั่วโมง	0	1	2	3	4	5
3. ในหนึ่งเดือนที่ผ่านมา ขณะที่กำลังปัสสาวะ ท่านต้องหยุดและเริ่มปัสสาวะใหม่หลายๆ ครั้ง บ่อยแค่ไหน	0	1	2	3	4	5
4. ในหนึ่งเดือนที่ผ่านมา บ่อยครั้งแค่ไหนที่ท่านต้องรีบปัสสาวะอย่างเร่งด่วน	0	1	2	3	4	5
5. ในหนึ่งเดือนที่ผ่านมา บ่อยครั้งแค่ไหนที่ท่านสังเกตว่าลำปัสสาวะไม่พุ่งแรงอย่างที่คาดหวัง	0	1	2	3	4	5
6. ในหนึ่งเดือนที่ผ่านมา บ่อยครั้งแค่ไหนที่ท่านต้องเบ่งช่วยเมื่อเริ่มถ่ายปัสสาวะ	0	1	2	3	4	5
7. ในหนึ่งเดือนที่ผ่านมาโดยเฉลี่ยแล้วท่านต้องตื่นมาถ่ายปัสสาวะกี่ครั้งหลังจากที่ท่านได้นอนหลับไปแล้ว	0 ไม่เลย	1 หนึ่งครั้ง	2 สองครั้ง	3 สามครั้ง	4 สี่ครั้ง	5 >ห้าครั้ง

รวม = การแปลผล : 0-7 = อาการน้อย, 8-18 = อาการปานกลาง, 19-35 = อาการมาก

คุณภาพชีวิตอันเนื่องจากภาวะการปัสสาวะ

คุณจะรู้สึกอย่างไรถ้าคุณต้องมีชีวิตอยู่กับภาวะการปัสสาวะอย่างที่เป็นอยู่ในขณะนี้	สบาย มาก	อยู่ได้ สบายๆ	พอใจคิด ว่าอยู่ได้	ไม่แน่ใจ	ค่อนข้าง ไม่พอใจ	ไม่พอใจ	แย่มากอยู่ ไม่ได้แน่ๆ
คะแนน	0	1	2	3	4	5	6

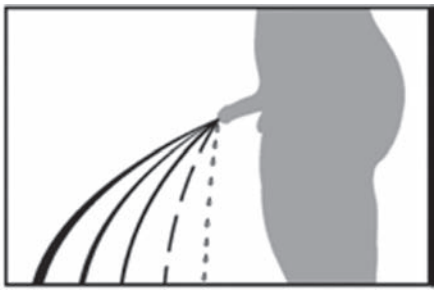
แบบสอบถามชนิดรูปภาพ

(Visual Prostate Symptom Score; VPSS)

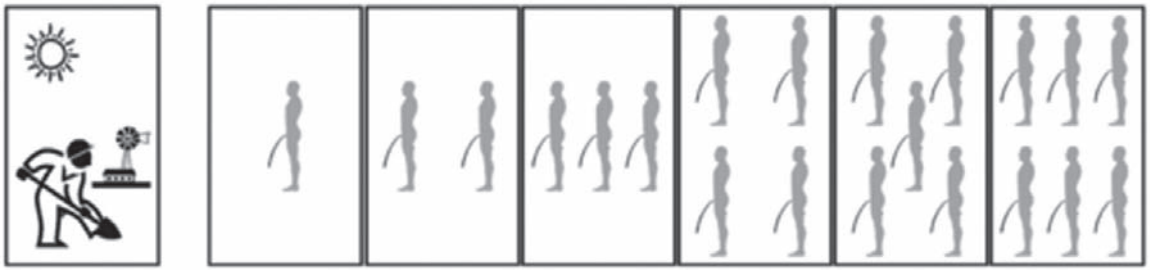
เวลาเริ่มทำแบบสอบถาม..... เวลาทำแบบสอบถามเสร็จ..... ❑ ผู้ช่วยเหลือ

❑ ชอบ IPSS ❑ ชอบ VPSS

ก.



ข.



ค.

รวม = การแปลผล : 0-6 = อาการน้อย, 7-13 = อาการปานกลาง, 14-17 = อาการมาก

ง.

From: van der Walt CL, Heyns CF, Groeneveld AE, Edlin RS, van Vuuren SP. Prospective comparison of a new visual prostate symptom score versus the international prostate symptom score in men with lower urinary tract symptoms. Urology 2011;78:17-20.

วันที่ .....

ชุด B

แบบสอบถามข้อมูลผู้ป่วยต่อมลูกหมากโต

1. อายุ ..... ปี

2. การศึกษา

❑ ไม่ได้ศึกษา ❑ ประถมศึกษา ❑ มัธยมศึกษา

❑ อาชีวศึกษา ❑ ปริญญาตรี หรือ สูงกว่า ❑ อื่นๆ ระบุ.....

3. รายได้ ..... บาท/เดือน

4. ระยะเวลาตั้งแต่เริ่มรับการรักษาภาวะต่อมลูกหมากโต ..... ปี

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แบบสอบถามมาตรฐานเดิม

(International Prostate Symptom Score; IPSS)

เวลาเริ่มทำแบบสอบถาม..... เวลาทำแบบสอบถามเสร็จ..... ❑ ผู้ช่วยเหลือ

คำถามเกี่ยวกับอาการ	ไม่มีเลย	น้อยครั้ง นับได้ น้อยกว่า หนึ่งในห้า	มีบ้าง นับได้ น้อยกว่า ครึ่ง	มี บ่อยครั้ง ประมาณ ครึ่งหนึ่ง	บ่อยมาก นับได้ มากกว่า ครึ่ง	แทบ ทุกครั้ง
1. ในหนึ่งเดือนที่ผ่านมา หลังจากท่านปัสสาวะเสร็จแล้ว บ่อยครั้งแค่ไหนที่ท่านมีความรู้สึกว่าถ่ายปัสสาวะไม่สุด	0	1	2	3	4	5
2. ในหนึ่งเดือนที่ผ่านมา บ่อยครั้งแค่ไหนที่ท่านต้องปัสสาวะอีก ทั้งๆ ที่เพิ่งจะถ่ายไปครั้งหนึ่งแล้วก่อนหน้านั้นไม่ถึง 2 ชั่วโมง	0	1	2	3	4	5
3. ในหนึ่งเดือนที่ผ่านมา ขณะที่กำลังปัสสาวะ ท่านต้องหยุดและเริ่มปัสสาวะใหม่หลายๆ ครั้ง บ่อยแค่ไหน	0	1	2	3	4	5
4. ในหนึ่งเดือนที่ผ่านมา บ่อยครั้งแค่ไหนที่ท่านต้องรีบปัสสาวะอย่างเร่งด่วน	0	1	2	3	4	5
5. ในหนึ่งเดือนที่ผ่านมา บ่อยครั้งแค่ไหนที่ท่านสังเกตว่าลำปัสสาวะไม่พุ่งแรงอย่างที่คาดหวัง	0	1	2	3	4	5
6. ในหนึ่งเดือนที่ผ่านมา บ่อยครั้งแค่ไหนที่ท่านต้องเบ่งช่วยเมื่อเริ่มถ่ายปัสสาวะ	0	1	2	3	4	5
7. ในหนึ่งเดือนที่ผ่านมาโดยเฉลี่ยแล้วท่านต้องตื่นมาถ่ายปัสสาวะกี่ครั้งหลังจากที่ท่านได้นอนหลับไปแล้ว	0 ไม่เลย	1 หนึ่งครั้ง	2 สองครั้ง	3 สามครั้ง	4 สี่ครั้ง	5 >ห้าครั้ง

รวม = การแปลผล : 0-7 = อาการน้อย, 8-18 = อาการปานกลาง, 19-35 = อาการมาก

คุณภาพชีวิตอันเนื่องจากภาวะการปัสสาวะ

คุณจะรู้สึกอย่างไรถ้าคุณต้องมีชีวิตอยู่กับภาวะการปัสสาวะอย่างที่เป็นอยู่ในขณะนี้	สบาย มาก	อยู่ได้ สบายๆ	พอใจคิด ว่าอยู่ได้	ไม่แน่ใจ	ค่อนข้าง ไม่พอใจ	ไม่พอใจ	แย่มากอยู่ ไม่ได้แน่ๆ
คะแนน	0	1	2	3	4	5	6