

**Post Prostate Implant Scoring Sheet for Urinary Activities:
New York Prostate Institute**

Name: _____ Date: _____

Circle your numerical score for each question

below.

	None	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
Over the past month, how often do you have the sensation of not completely emptying your bladder after urinating?	0	1	2	3	4	5
Over the past month, how many times have had to urinate less than two hours after you finished urinating?	0	1	2	3	4	5
Over the past month, how often have you found that you stopped and started again several times when you urinated?	0	1	2	3	4	5
Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
Over the last month, how many times, on average do you urinate during the night, before getting up in the AM?	None	1 Time	2 Times	3 Times	4 Times	>5 Times

Total symptom score= Sum of questions 1-7

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Are you on Hytrin/Cardura/Flomax or other meds to help you urinate? _____