



The Leeds  
Teaching Hospitals  
NHS Trust

# Welcome to the Paul Sykes Urology Centre

*including a patient diary*

Information for  
patients

**Patient name:**

**Date of birth:**

When you attend the Paul Sykes Centre we would like you to bring some information with you that helps your Urology Consultant diagnose any possible problems and helps plan your treatment.

**This booklet includes information about your appointment and questionnaires that we would like you to complete before you attend your appointment:**

- **Flow Rate Test information**
- **A Prostate Assessment Questionnaire**
- **Frequency Volume chart to be completed for three days**

In addition to the information you provide, you may require a special test when you arrive in clinic called a 'flow rate test', this test is carried out by the nursing team and help the doctor to know how fast you can pass urine.

We ask you therefore to attend your appointment at the Paul Sykes clinic **with your bladder comfortably full**. This means you can have your flow rate test on arrival for your appointment, rather than waiting for your bladder to be full.

## Flow Rate Test Information - frequently asked questions

### What is a flow rate test?

As part of the investigations for your difficulty in passing urine, your doctor wishes to measure how fast you pass urine (a maximum urine flow rate). This involves passing urine into a special device which measures electronically how fast your urine is expelled.



If you are required to complete this test, depending on how fast your bladder refills after emptying, you may need to remain in the clinic for a few hours. This simple test will be performed immediately before you see your urologist or specialist nurse to discuss the result or your x-rays and/or your ultrasound scans.

### How should I prepare for a flow rate test?

Please try to come to your appointment in clinic with your bladder comfortably full. **If you find it difficult to hold on when your bladder is full, please do not go to the toilet, inform the staff as soon as you arrive as we may take you straight through for your flow test.**

If your bladder contains less than 150ml (quarter of a pint) the result of the test may be unsatisfactory and you will be required to drink more fluid and the test repeated which may lengthen your appointment.

# Prostate Assessment Questionnaire

## Prostate Symptom Score Index

Please answer the following questions by circling the appropriate number

1) Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you have finished urinating?
2) Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?
3) Over the past month or so, how often have you found you stopped and started again several times when you urinated?
4) Over the past month or so, how often have you found it difficult to postpone urination?
5) Over the past month or so, how often have you had a weak urinary stream?
6) Over the past month or so, how often have you had to push or strain to begin urination?
7) Over the past month or so how many times did you typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

Not at all	Less than 1 times in 5	Less than half the time	About half the time	More than half the time	Almost always
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
None	1 Time	2 Times	3 Times	4 Times	5 Times or more
0	1	2	3	4	5

## Quality of life due to urinary symptoms

1) 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?

Delighted	0
Pleased	1
Mostly satisfied	2
Neither satisfied or dissatisfied	3
Mostly dissatisfied	4
Unhappy	5
Terrible	6

## Frequency Volume Chart Questionnaire

The frequency volume chart allows the doctors to see when and how many times in a 24 hours period you have to pass urine. Therefore each time you pass urine this needs writing down on the chart relevant for that day.

**Please complete the chart using the instructions below:**

- Each time you pass urine write the amount next to the time of day
- If you cannot measure your urine, for example in a public toilet or when you open your bowels, just put a tick against the time you passed urine
- Record the time you take any water tablets (Diuretic)
- Record the time you get up and bed time on the chart
- Please put the date on the top of each day

**Day 1, Date:**

- Please complete by following the instructions on page 6.

<b>Time</b>	<b>Fluid intake</b>	<b>Urine output</b>
12 am		
1 am		
2 am		
3 am		
4 am		
5 am		
6 am		
7 am		
8 am		
9 am		
10 am		
11 am		
12 pm		
1 pm		
2 pm		
3 pm		
4 pm		
5 pm		
6 pm		
7 pm		
8 pm		
9 pm		
10 pm		
11 pm		

**Day 2, Date:**

- Please complete by following the instructions on page 6.

<b>Time</b>	<b>Fluid intake</b>	<b>Urine output</b>
12 am		
1 am		
2 am		
3 am		
4 am		
5 am		
6 am		
7 am		
8 am		
9 am		
10 am		
11 am		
12 pm		
1 pm		
2 pm		
3 pm		
4 pm		
5 pm		
6 pm		
7 pm		
8 pm		
9 pm		
10 pm		
11 pm		



**Day 3, Date:**

- Please complete by following the instructions on page 6.

<b>Time</b>	<b>Fluid intake</b>	<b>Urine output</b>
12 am		
1 am		
2 am		
3 am		
4 am		
5 am		
6 am		
7 am		
8 am		
9 am		
10 am		
11 am		
12 pm		
1 pm		
2 pm		
3 pm		
4 pm		
5 pm		
6 pm		
7 pm		
8 pm		
9 pm		
10 pm		
11 pm		

# Your questions/notes

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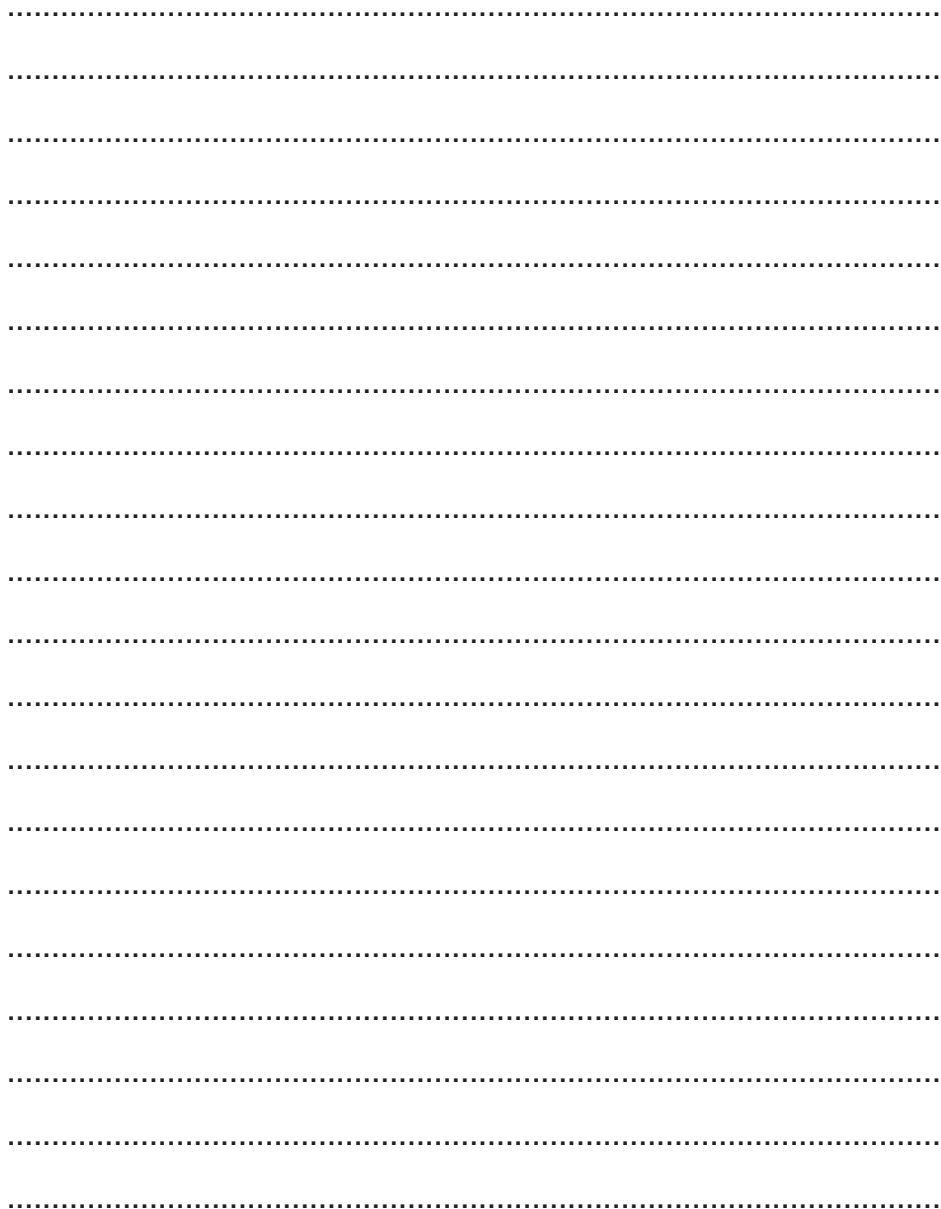
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## What did you think of your care?

Scan the QR code or visit [bit.ly/nhsleedsfft](https://bit.ly/nhsleedsfft)

***Your views matter***



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