BLADDER SYMPTOM DIARY

Track your symptoms in the diary below according to your doctor's recommendations. If you had no episodes on a given day, record that as well. Please record your urgency rating even if you did not experience leakage. Only those receiving therapy indicated for retention need to complete the retention columns. Talk with your doctor if you have questions about completing this symptom tracker.

DATE OF BIRTHOAB						MY EVALUATION STARTED ON// AT:TIME Retention													
										Date	Time	Void	Leak	Pad: Mild, Moderate, Soaked	Urgency? Rate 1–5 (5 is high)	Void	Voided Volume	Cath Y or N	Cathed Volume (or PVR)



ОАВ						Retention				
Date	Time	Void	Leak	Pad: Mild, Moderate, Soaked	Urgency? Rate 1–5 (5 is high)	Void	Voided Volume	Cath Y or N	Cathed Volume (or PVR)	
Davisii	fool that t	bio +b -	ran::!=	providing very relli	of? (circle cos)	ES NO				
				providing you relie		ES NO				
	How would you characterize your improvement? (circle one) slightly improved moderately improved markedly improved									
PATIEN	PATIENT NAME									
DATE OF BIRTH										

Medtronic

Medtronic Inc. 710 Medtronic Pkwy. Minneapolis, MN 55432 USA Tel. 1-763-505-5000