BLADDER SYMPTOM TRACKER

Track your symptoms in the chart below for as many days as your doctor recommends. Record one episode per row.
If you had no episode on a given day, record that as well. Please record your urgency rating even if you did not experience leakage. Only retention patients need to complete the blue columns.

DATE _____

	OAB				Retention	
Time	Void ✓	Leak ✓	Change Pad Y or N	Urgency? Rate 1–5 (5 is high)	Voided Volume	Cathed Volume (or PVR)
8:15	✓	✓	Y	5		
TOTALS						

Since starting the evaluation, how do you perceive your symptoms when compared to your symptoms before the treatment?

Much worse than expected — *Same as expected* — *Much better than expected*

1 2 3 4 5 6 7

DATE _____

	OAB				Retention	
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