

Bladder Symptom Tracker

Patient Name	
Date	
Date	 -

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.

AY			Retention			
Time	Void ✓	Leak ✓	Change Pad Y or N	Urgency? Rate 1-5 (5 is high)	Voided Volume	Cathed Volume (or PVR)
8:15 AM PM	✓	√	N	5		
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
			TOTALS			
nce starting th	ne evaluati	on, how do	you perceive	your symptom	s when com	pared
to before the treatment? Much worse Same Much better						
	1	2 3	4	5 6	7	

			OAB		Rete	Retention	
Time	Void	Leak ✓	Change Pad Y or N	Urgency? Rate 1–5 (5 is high)	Voided Volume	Cathed Volume (or PVR)	
7:15 AM PM	✓	✓	N	5			
AM PM							
AM PM							
AM PM							
AM PM							
AM PM							
AM PM							
AM PM							
AM PM							
AM PM							
AM PM							
AM PM							
AM PM							
			TOTALS				
nce starting the		on, how do	you perceive	your symptom	is when com	pared	

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DAY			Retention			
Time	Void ✓	Leak ✓	Change Pad Y or N	Urgency? Rate 1–5 (5 is high)	Voided Volume	Cathed Volume (or PVR)
8:15 AM PM	✓	✓	¥	5		
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM			Via in			
			TOTALS			
Since starting the evaluation, how do you perceive your symptoms when compared to before the treatment? Much worse Same Much better						
	1	2 3	4	5 6	7	

DAY	ОАВ				Retention	
Time	Void	Leak ✓	Change Pad Y or N	Urgency? Rate 1−5 (5 is high)	Voided Volume	Cathed Volume (or PVR)
8:15 AM	✓	✓	¥	5		
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
AM PM						
			TOTALS			
Since starting the evaluation, how do you perceive your symptoms when compared to before the treatment?						
	Much we 1	orse 2 3	Same 4	Мис 5 6	th better 7	

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