Medtronic

Bladder Symptom Tracker

Patient Name _____

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.

DAY _____	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 (AM) PM	✓	✓	Y	5		
AM PM						
AM PM						
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AM PM						
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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 worse 1 2 3 *Same* 4 5 6 7 *Much better*

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Time	Void ✓	Leak ✓	Change Pad Y or N	Urgency? Rate 1–5 (5 is high)	Voided Volume	Cathed Volume (or PVR)
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