

Patient Name: _____

Tracking Your Bladder Symptoms

Sample:

Day	Daytime Voids	Nighttime Voids	Urgency for the day (0-4)	Number of Accidents	Beverage	Comments
Mon	IIII IIII II	II	2 (0=none, 4=severe)	I	Water IIII / Wine II coffee I	

Week Starting: _____

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This week my symptoms were: Much Better Better The Same Worse

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