

Bladder Symptoms 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 diary.

Patient Name: _____ Date of birth: _____

[illegible]

*Were you asleep or trying to sleep when the symptom occurred?

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