Bladder & bowel symptom diary

Diaries help your healthcare provider understand your unique symptom story. Track your symptoms in the diary below according to your healthcare provider's recommendations. (Only those diagnosed with urinary retention need to complete the columns titled "retention".)

Patient name: .....

OVERACTIVE BLADDER EVENTS					RETENTION	
Date	**Time** Circle ☾ if you were sleeping or trying to sleep	**How urgent did it feel?** 0. Not urgent 1. Somewhat urgent 2. Urgent 3. Very urgent 4. Extremely urgent (or an accident that occurs without warning)	**Did you experience a leak?** Yes/No **If so, what was the leak amount?** 1. Slight 2. Moderate 3. Heavy	**Did you change your protective pad or underwear?** Yes/No	**Voided volume (mL or oz)**	**Cathed volume (mL or oz)**
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Symptom diary

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