

Patient Name: _____

Tracking Your Bladder Symptoms

Sample:

Day	Caffeine	Alcohol	Daytime Voids	Nighttime Voids	Urgency for the day (0-4)	Number of Accidents	Comments
Mon	2	1	12	2	2 <small>(0=none, 4=severe)</small>	1	

Week Starting: _____

Day	Caffeine	Alcohol	Daytime Voids	Nighttime Voids	Urgency for the day (0-4)	Number of Accidents	Comments

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

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