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Bladder symptom diary

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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.

Date of birth:

Patient name:

Baseline

Post-implant

Evaluation: Started on

OVERACTIVE BLADDER (OAB) RETENTION Date Time Urgency: Leak: Did you Void Voided Cathed volume 0-4 1-3 Yes/No change your volume (mL or oz.) (4 is high) 1. Slight protective pad/ (mL or oz.) 2. Moderate underwear? 3. Heavy Yes/No

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		OVERACTIVE BLADDER (OAB)			RETENTION		
Date	Time	Urgency: 0-4 (4 is high)	Leak: 1-3 1. Slight 2. Moderate 3. Heavy	Did you change your protective pad/ underwear? Yes/No	Void Yes/No	Voided volume (mL or oz.)	Cathed volume (mL or oz.)

Do you feel that this therapy is providing you relief?

How would you characterize your improvement?

Please visit medtronic.com/bladder for helpful information.