## Medtronic

## Bladder symptom 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:

- Baseline

Post-implant

- Evaluation: Started on
at AM/PM

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

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|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | $<0-4>$ | $<1-3>$ | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |
|  | AM/PM | <0-4> | <1-3> | Yes/No | Yes/No | mL/oz | mL/oz |

Do you feel that this therapy is providing you relief? Yes/No
How would you characterize your improvement? <Choose one>

Please visit medtronic.com/bladder for helpful information.

