

## Bladder & bowel 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:

Baseline

Post implant

Date of birth

Evolution: Started on \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_: \_\_\_\_ time

ALL BLADDER/BOWEL EVENTS				BLADDER		BOWEL	RETENTION		
Date	Time (AM/PM)	Did you have an accident? Yes/No	Did you have to change your protective pad/ underwear? Yes/No	Leak amount: 1-3 1. Slight 2. Moderate 3. Heavy	Urgency: 0-4 (4 is high)	Soil amount: 1-3 1. Slight 2. Moderate 3. Heavy	Void Yes/No	Voided volume (mL or oz.)	Cathed volume (mL or oz.)
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ALL BLADDER/BOWEL EVENTS				BLADDER		BOWEL	RETENTION		
Date	Time (AM/PM)	Did you have an accident? Yes/No	Did you have to change your protective pad/underwear? Yes/No	Leak amount: 1-3 1. Slight 2. Moderate 3. Heavy	Urgency: 0-4 (4 is high)	Soil amount: 1-3 1. Slight 2. Moderate 3. Heavy	Void Yes/No	Voided volume (mL or oz.)	Cathed volume (mL or oz.)
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Do you feel that this therapy is providing you relief? (circle one) Yes No

How would you characterize your improvement? (circle one)  
Slightly improved Moderately improved Greatly improved

Please visit [europe.medtronic.com](http://europe.medtronic.com) for helpful information.



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