Medtronic

# Symptom Tracker

Patient Name _____

Date _____ **PRE** or **POST**

| | DAY _____ Time | Did You Void or Leak? **V**oid, **L**eak | Was the Amount… **S**light, **M**od-erate, **H**eavy | How Badly Did You Need to Go? **S**light, **M**oderate, **S**evere | Comment |
|---|---|---|---|---|---|
| DAY | 6 am | | | | |
| | 7 | | | | |
| | 8 | | | | |
| | 9 | | | | |
| | 10 | | | | |
| | 11 | | | | |
| | 12 pm | | | | |
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| | 5 | | | | |
| NIGHT | 6 | | | | |
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| | 5 | | | | |

How many times did you change pads today? _____ Did you change your clothes due to leaking? **YES** or **NO**

Were there any social events you chose not to attend today?

How bothersome were your symptoms today? **A little** **Somewhat** **A lot**


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| DAY | 6 am | | | | |
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