

DATE \_\_\_\_\_

	Time	Void ✓	Leak ✓	Change Pad Y or N	Urgency? Rate 1–5 (5 is high)	Voided Volume	Catheterized Volume (or PVR)
8:15	AM PM	✓	✓	N	5		
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Since starting the evaluation, how do you perceive your symptoms when compared to before the treatment?

Much worse
Same
Much better

1234567

[illegible]