

Track your symptoms

Track your symptoms in the diary below according to your healthcare provider's recommendations.

Patient Name: _____

***Urgency:** 0 = not urgent, 1 = somewhat urgent, 2 = urgent, 3 = very urgent, 4 = extremely urgent or an accident without warning

***Leak amount:** 1 = slight, 2 = moderate, 3 = heavy

UUI Events

Date	Time	Did it wake you up?	How urgent did it feel? (0-4)*	Did you experience a leak? (Yes = 1-3* or No)	Did you need to change your protective pad or underwear?
6/1	3:23 PM	No	2	Yes - 2	Yes
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