

BASELINE – OAB SYMPTOM SURVEY

Answer each question to let your healthcare professional know how your overactive bladder symptoms are affecting you:

1. How many times do you urinate during the day?

- 1-7 times 8-12 times 13 or more

How much does this bother you?

- 1 (not at all) 2 3 4 (a lot)

2. Do you have to rush to the toilet to urinate?

- Never
 Occasionally
 Sometimes
 Most of the time
 All the time

How much does this bother you?

- 1 (not at all) 2 3 4 (a lot)

3. Does urine leak before you can get to the toilet?


- Never
 Occasionally
 Sometimes
 Most of the time
 All the time

How much does this bother you?

- 1 (not at all) 2 3 4 (a lot)

BASELINE

DAY 1

| TIME | DRINKS | | VOID | | LEAK |
|--|----------------|----------------|---|--------|--|
| | What you drank | How many cups? | Urgency <small>1=NOT URGENT, 5=VERY URGENT</small> | Volume | Volume |
|  7:30 am | Orange juice | 0.5 | 3 | Medium | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
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| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |

How do you feel today?
 Select the appropriate face.



BASELINE

DAY 2

| TIME | DRINKS | | VOID | | LEAK |
|---------|----------------|----------------|---|--------|--|
| | What you drank | How many cups? | Urgency 1=NOT URGENT, 5=VERY URGENT | Volume | Volume |
| 7:30 am | Orange juice | 0.5 | 3 | Medium | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |

How do you feel today?
Select the appropriate face.



BASELINE

DAY 3

| TIME | DRINKS | | VOID | | LEAK |
|---------|----------------|----------------|---|--------|--|
| | What you drank | How many cups? | Urgency 1=NOT URGENT, 5=VERY URGENT | Volume | Volume |
| 7:30 am | Orange juice | 0.5 | 3 | Medium | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |
| | | | 1 2 3 4 5 | S M L | <input type="radio"/> DROP/DAMP <input type="radio"/> WET/SOAKED |

How do you feel today?
Select the appropriate face.

