1 MONTH – 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)

1 MONTH   DAY 1

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	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED

How do you feel today? Select the appropriate face.

○ ☹   ○ 😐   ○ ☺

1 MONTH

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	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED

How do you feel today?
Select the appropriate face.

1 MONTH

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	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED
			1 2 3 4 5	S M L	○ DROP/DAMP ○ WET/SOAKED

How do you feel today?
Select the appropriate face.