

VOIDING JOURNAL

Evaluate your BPH symptoms by tracking the number of times you urinate at night, over the course of one week.

NAME _____				DATE OF BIRTH _____		DATE _____	
	1x	2x	3x	4x	5x	6x	How many hours did you sleep?
Night 1							
Night 2							
Night 3							
Night 4							
Night 5							
Night 6							
Night 7							

Did you have to urgently seek a bathroom in the last week? ☐Yes ☐No

If you answered yes to the above, how many times? _____

When urinating did you have to strain your bladder? ☐Yes ☐No

Did you have a sensation of incomplete emptying of your bladder after using the restroom? ☐Yes ☐No

Were you bothered by how often you had to go to the bathroom this week? ☐Yes ☐No

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
QUALITY OF LIFE If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?							
ADDITIONAL CONSIDERATIONS If your BPH symptom relief only lasted 1-3 years, how would you feel about that?							
If you were no longer able to be sexually active, how would you feel about that?							



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THERAPY

POST TREATMENT VOIDING JOURNAL

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