



Nocturia Symptom Tracker

Use the form below to track your nocturia symptoms for one week before your appointment with a healthcare provider. In order to keep the most accurate diary possible, complete it in the morning right after waking up. Take the completed forms with you to your appointment.



DIET	SAMPLE	MON	TUES	WED	THUR	FRI	SAT	SUN
Did you have caffeine within 3 hours of bed?	<i>No</i>							
Did you have alcohol within 3 hours of bed?	<i>No</i>							
# of cups of water within 3 hours before bed?	<i>2</i>							
MEDICATIONS								
Did you take any medication today?	<i>Yes</i>							
What medications?	<i>Lipitor Bystolic</i>							
What time?	<i>8:30 pm</i>							
NIGHTTIME BEHAVIOR								
# of times awakened to urinate?	<i>3</i>							
Did you leak urine before reaching the bathroom?	<i>No</i>							
Could you fall back to sleep after urinating?	<i>Yes</i>							
Was your partner's sleep disrupted?	<i>Once</i>							
MORNING IMPRESSIONS								
How groggy are you this morning?	<i>A little</i>							
How bothersome were trips to the bathroom?	<i>Medium</i>							
RELATED PHYSIOLOGICAL ISSUES								
Do you have swollen ankles or water retention?	<i>Rarely</i>							
Do you have daytime continence issues?	<i>No</i>							