# 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**

<table>
<thead>
<tr>
<th>Diet Questions</th>
<th>Sample</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have caffeine within 3 hours of bed?</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Did you have alcohol within 3 hours of bed?</td>
<td>No</td>
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<tr>
<td># of cups of water within 3 hours before bed?</td>
<td>2</td>
<td></td>
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</tr>
</tbody>
</table>

## MEDICATIONS
- **Did you take any medication today?** Yes
- **What medications?** Lipitor, Bystolic
- **What time?** 8:30 pm

## NIGHTTIME BEHAVIOR
- **# of times awakened to urinate?** 3
- **Did you leak urine before reaching the bathroom?** No
- **Could you fall back to sleep after urinating?** Yes
- **Was your partner’s sleep disrupted?** Once

## MORNING IMPRESSIONS
- **How groggy are you this morning?** A little
- **How bothersome were trips to the bathroom?** Medium

## RELATED PHYSIOLOGICAL ISSUES
- **Do you have swollen ankles or water retention?** Rarely
- **Do you have daytime continence issues?** No