

**Directions:** Complete all three parts in preparation for your next office visit with your doctor. Show your doctor your information and discuss your concerns with him or her.

## Part 1. Bladder Symptoms Checklist

Complete this simple checklist if you have frequent bladder urges and worry about bladder leakage. Check all the statements that apply to you.

- It seems like I'm always going to the bathroom.
- The need to go comes on really fast, and sometimes I worry I won't make it in time.
- I'm careful about when I drink liquids so I don't have to go to the bathroom at the wrong time.
- I don't like to go places where I'm not sure there will be a convenient bathroom.
- I don't have accidents, but sometimes I worry I might leak.
- Having to use the bathroom so much can feel like a hassle.
- From time to time, I notice that I leak a little.
- Because of my bladder symptoms, sometimes I just don't feel fresh and clean.

## Part 2. Bladder Tracker

The Bladder Tracker is a form on which you can keep track of your bladder habits for a period of three days in a row. You simply complete one page each day, keeping it with you in the course of the day so you can record information immediately.

This Bladder Tracker is based on a diary developed by the National Kidney and Urologic Diseases Information Clearinghouse.

DAY 1	What did you drink and how much?	How many times did you go to the bathroom?	How many times did you have to rush to the bathroom?	Describe any activity that this interrupted	How many times did you have any leakage?	What were you doing at the time of the leakage?
6am-8am						
8am-10am						
10am-12pm						
12pm-2pm						
2pm-4pm						
4pm-6pm						
6pm-8pm						
8pm-10pm						
10pm-12am						
12am-2am						
2am-4am						
4am-6am						

## Important Safety Information

VESicare is for urgency, frequency, and leakage (overactive bladder). VESicare is not for everyone. If you have certain types of stomach, urinary, or glaucoma problems, do not take VESicare. While taking VESicare, if you experience a serious allergic reaction, severe abdominal pain, or become constipated for three or more days, tell your doctor right away. In studies, common side effects were dry mouth, constipation, blurred vision and indigestion.

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DAY 2	What did you drink and how much?	How many times did you go to the bathroom?	How many times did you have to rush to the bathroom?	Describe any activity that this interrupted	How many times did you have any leakage?	What were you doing at the time of the leakage?
TIME SPAN						
6am-8am						
8am-10am						
10am-12pm						
12pm-2pm						
2pm-4pm						
4pm-6pm						
6pm-8pm						
8pm-10pm						
10pm-12am						
12am-2am						
2am-4am						
4am-6am						

DAY 3	What did you drink and how much?	How many times did you go to the bathroom?	How many times did you have to rush to the bathroom?	Describe any activity that this interrupted	How many times did you have any leakage?	What were you doing at the time of the leakage?
TIME SPAN						
6am-8am						
8am-10am						
10am-12pm						
12pm-2pm						
2pm-4pm						
4pm-6pm						
6pm-8pm						
8pm-10pm						
10pm-12am						
12am-2am						
2am-4am						
4am-6am						

### Part 3. Questions to Ask

Here are some questions you may want to ask your doctor at the visit:

- What might be causing my symptoms?
- What are my treatment options?
- What do you recommend for me?
- What are the pros and cons of each of the treatment options?
- What kind of results may I expect from treatment?
- How do I use or take the treatment correctly so that I can get the best results?

Add additional questions or concerns you might have:

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