



URINARY FREQUENCY & INCONTINENCE LOG

VETERAN INFORMATION AND BASELINE

Veteran Advocacy Group LLC | VA Accredited Claims Agent

Accreditation #60676 | POA Code KW9 | 272-257-1349 | claims@veteran-advocacy.com | www.veteran-advocacy-group.com

VETERAN INFORMATION

Veteran name	VA file number (last 4 only)	Log start date
Primary phone	Email	Representative / provider

CONDITION BASELINE

Diagnosis / residual condition	Treating provider	Fluid restrictions or instructions
Date symptoms began	Typical frequency	Typical severity (0-10)

CURRENT TREATMENT

Medication / device	Frequency	Benefit	Side effects

HOW TO USE THIS LOG

Record symptoms as soon as practical. Include frequency, severity, duration, treatment, and what the condition prevented or made difficult. Describe effects on employment, relationships, sleep, mobility, self-care, driving, and household activities. Record only events and limitations actually experienced. Keep related medical and employment records. Seek prompt care for inability to urinate, fever with urinary symptoms, severe pain, or visible blood in urine.



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SEVEN-DAY SYMPTOM AND FUNCTIONAL-IMPACT SUMMARY

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Veteran name

Week beginning

Week ending

DAILY SUMMARY

Date	Daytime voids	Shortest interval	Nighttime voids	Leakage	Pad changes	Daily impact

WEEKLY FUNCTIONAL IMPACT

Total episodes / symptom days

Severe symptom days

Care or treatment contacts

Work hours lost

Appointments / activities missed

Help needed from another person

Weekly notes, patterns, triggers, or changes:



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DETAILED SYMPTOM OR EPISODE RECORD

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Veteran name

Date

Condition / affected area

SYMPTOM OR EPISODE DETAILS

☐ Urgency ☐ Weak stream ☐ Hesitancy ☐ Incomplete emptying ☐ Pain / burning ☐ Leakage

☐ Pad / brief used ☐ Sleep interrupted

Episode / date

Daytime voiding interval

Nighttime awakenings

Leakage amount / circumstance

Absorbent material and changes

TREATMENT, RESPONSE & WITNESSES

Treatment / catheter details

Work / travel / sleep impact

Medication / treatment used

Relief: none / partial / complete

Time until recovery

FUNCTIONAL IMPACT

☐ Continued normally ☐ Reduced activity ☐ Stopped activity ☐ Needed rest

☐ Needed assistance ☐ Missed work ☐ Left early ☐ Missed appointment

Work or activity time lost

Person who observed / assisted

Provider contacted

Describe exactly what the symptoms prevented, interrupted, or required help completing:
