



My Record Prior to the 1st INSTILLATION

Please fill out the record on two consecutive days.

1st day

Date:

Time hh : mm	Amount drunk no. of glasses/cups	Urination (ml)	Urge to urinate			Pain		
			none 0	5	strong 10	none 0	5	maximum 10
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Total			Amount drunk: number of glasses/cups (approx. 150 mL)					

2nd day

Date:

Time hh : mm	Amount drunk no. of glasses/cups	Urination (ml)	Urge to urinate			Pain		
			none 0	5	strong 10	none 0	5	maximum 10
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Total			Amount drunk: number of glasses/cups (approx. 150 mL)					