Enlarging Prostate Symptoms Diary

Place a number under each date representing how many times the specific symptom occured for that day. Keep this diary for one month and then show it to your health care provider.

	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
1	Had a sensation that my bladder was not completely empty after urinating																																
2	Had to urinate again less than two hours after I finished urinating																																
3	Stopped and started again several times when I urinated																																
4	Experienced straining while urinating																																
5	Found it difficult to postpone urination																																
6	Had a weak urinary stream																																
7	Number of times I got up to urinate after I went to bed																																