

BLADDER DIARY

Name: _____

Use this diary for four days before your next appointment with your doctor. It will help you and your healthcare team figure out the causes of your bladder control trouble. Refer to the example line for guidance.

Date/Time	Fluids		Foods		Did You Urinate?		Accidents		
	What kind?	How much?	What kind?	How much?	How many times?	How much? (sm, med, lg)	Leakage How much? (sm, med, lg)	Did you feel an urge to urinate?	What were you doing at the time? (sneezing, exercising, etc.)
7/30 - 9:15am	Orange Juice	1 Cup	Bagel	1/2 Bagel	2	Med	Med	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Walking
								Yes <input type="checkbox"/> No <input type="checkbox"/>	
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