

























































































































# Your Daily Bladder Diary

This diary will help you and your health care team figure out the causes of your bladder control trouble. The "sample" line shows you how to use the diary.

Time	Drinks		Trips to the Bathroom		Accidental Leaks			Did you feel a strong urge to go?		What were you doing at the time? Sneezing, lifting, arriving home, sleeping, etc.
	What kind?	How much? oz, mL, cups	How many times?	How much urine?	How much urine?			Yes	No	
Sample	Juice	8 ounces	✓✓	  	  	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes	No	Running
6-7 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
7-8 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
8-9 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
9-10 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
10-11 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
11-12 noon				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
12-1 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
1-2 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
2-3 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
3-4 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
4-5 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
5-6 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
6-7 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
7-8 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
8-9 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
9-10 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
10-11 p.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
11-12 mid.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
12-1 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
1-2 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
2-3 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
3-4 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
4-5 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	
5-6 a.m.				  	  	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	

Use this sheet as a master for making copies that you can use as a bladder diary for as many days as you need.

I used \_\_\_\_\_ pads today. I used \_\_\_\_\_ diapers today (write number).

Questions to ask my health care team: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_