


























Your Daily Bladder Diary

This diary will help you and your health care team. Bladder diaries help show the causes of bladder control trouble. The "sample" line (below) will show you how to use the diary.

Your name: _____

Date: _____

			ACCIDENTS			
						
Time 	Drinks <i>What kind? How much?</i>	Urine <i>How many times? How much? (circle one)</i>	Accidental leaks <i>How much? (circle one)</i>	Did you feel a strong urge to go? <i>Circle one</i>	What were you doing at the time? <i>Sneezing, exercising, having sex, lifting, etc.</i>	
Sample	Coffee 2 cups	✓ <input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input checked="" type="radio"/> med <input type="radio"/> lg	Yes <input checked="" type="radio"/> No	Running	
6-7 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
7-8 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
8-9 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
9-10 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
10-11 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
11-12 noon		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
12-1 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
1-2 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
2-3 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
3-4 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
4-5 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
5-6 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		
6-7 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes No		

			ACCIDENTS		
					
Time 	Drinks What kind? How much?	Urine How many times? How much? (circle one)	Accidental leaks (circle one)	Did you feel a strong urge to go? Circle one	What were you doing at the time? Sneezing, exercising, having sex, lifting, etc.
Sample	Soda : 2 cans	✓ <input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input checked="" type="radio"/> No	Laughing
7-8 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
8-9 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
9-10 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
10-11 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
11-12 midnight		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
12-1 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
1-2 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
2-3 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
3-4 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
4-5 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	
5-6 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	 <input type="radio"/> <input type="radio"/>	Yes No	

I used _____ pads. I used _____ diapers today (write number).

Questions to ask my health care team: _____