

Your Daily Bladder Diary*

This diary will help you and your health care team figure out the causes of your bladder control trouble. The "example" line will show you how to use the diary. Use this sheet as a master for making copies that you can use as a bladder diary for as many days as you need.

Your Name:

Date:

Time	Drink(s)		Trips to the Bathroom		Accidental Leaks	Did you feel a strong urge to go?	What were you doing at the time?
	What kind?	How many?	How many times?	How much urine?	How much?	(circle one)	Sneezing, exercising, etc.
8:45 am	coffee	2 cups	1	SML	S M L	Yes No	eating breakfast

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