



Understand Your Bladder Patterns: A Daily Bladder Diary


Your name: _____ Date: _____



Instructions



1. Enter your name and date (if the diary will be provided to your doctor).
2. After each trip to the bathroom or accidental leak enter required information on the diary.
3. Indicate on each day of the diary: the type and quantity of drink consumed throughout the day, the number of trips to the bathroom, the number of accidental leaks, the activity at the time of each accidental leak, and whether you felt a strong urge to go to the bathroom prior to the leak.
4. Please take your completed diary to your doctor to discuss the cause of your bladder pattern and determine the right treatment option for you.

Time	Drinks		Urinate (trips to the bathroom)	ACCIDENTS			
				Accidental leaks	What were you doing at the time?	Did you feel a strong urge to go?	
	What Kind?	How Much?	How Many Times?	How Many?	Sneezing, laughing, exercising, lifting, etc.	Circle One	
Sample	Coffee	2 cups	2	1	Laughing	Yes	<input checked="" type="radio"/> No
 Morning 6am - 11am						Yes	No
						Yes	No
						Yes	No
						Yes	No
 Afternoon 11am - 5pm						Yes	No
						Yes	No
						Yes	No
						Yes	No
 Evening 5pm - 10pm						Yes	No
						Yes	No
						Yes	No
						Yes	No
 Overnight 10pm - 6am						Yes	No
						Yes	No
						Yes	No
						Yes	No