


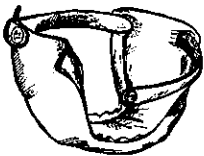





















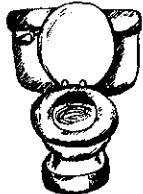
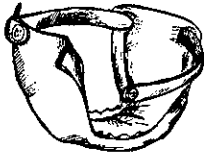














Your Daily Bladder Diary

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 What kind? How much?	Urine How many times? How much? (circle one)	Accidental leaks How much? (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	Coffee 2 cups	✓ <input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	 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"/>	Yes	No			
7-8 a.m.		<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"/>	Yes	No			
9-10 a.m.		<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"/>	Yes	No			
11-12 noon		<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"/>	Yes	No			
1-2 p.m.		<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"/>	Yes	No			
3-4 p.m.		<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"/>	Yes	No			
5-6 p.m.		<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"/>	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: _____
