

Bladder Diary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time**  | **Fluids****What Kind? How Much?** | **Foods****What Kind? How much?**  | **Did you Urinate?****Number times? How much? (\*S,M,L)** | **Accidents** |
| **Leakage** **How much? (\*S,M,L)** | **Did you feel an urge to urinate?****Yes/No** | **What were you doing at the time?** **(Sneezing, exercising, etc.)** |
| **Example**  | Coffee  | 1 cup | Toast | 1 slice | √√ | M | S | Yes | Running  |
| **6-7am** |  |  |  |  |  |  |  |  |  |
| **7-8am** |  |  |  |  |  |  |  |  |  |
| **8-9am** |  |  |  |  |  |  |  |  |  |
| **9-10am** |  |  |  |  |  |  |  |  |  |
| **10-11am** |  |  |  |  |  |  |  |  |  |
| **11-12pm** |  |  |  |  |  |  |  |  |  |
| **12-1pm** |  |  |  |  |  |  |  |  |  |
| **1-2pm** |  |  |  |  |  |  |  |  |  |
| **2-3pm** |  |  |  |  |  |  |  |  |  |
| **3-4pm** |  |  |  |  |  |  |  |  |  |
| **4-5pm** |  |  |  |  |  |  |  |  |  |
| **5-6pm** |  |  |  |  |  |  |  |  |  |
| **6-7pm** |  |  |  |  |  |  |  |  |  |
| **7-8pm**  |  |  |  |  |  |  |  |  |  |
| **8-9pm** |  |  |  |  |  |  |  |  |  |
| **9-10pm** |  |  |  |  |  |  |  |  |  |
| **10-12am** |  |  |  |  |  |  |  |  |  |
| **12-2am** |  |  |  |  |  |  |  |  |  |
| **2-4am** |  |  |  |  |  |  |  |  |  |
| **4-6am** |  |  |  |  |  |  |  |  |  |

Please complete diary for 3 days at the beginning of treatment and repeat after 4 weeks.

\*Quantity of urine: S = Small, M = Medium, L = large.