







Bladder Diary

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This diary will help you and your healthcare provider know more about what kind of bladder problems you have. The sample line below shows you how to use this diary.

Time	Drinks What Kind?	How Much?	# of Times	Urine How Much? (circle one)	Accidents How Much?	Felt a Strong Urge to Go?	Activity Just Before Urinating?	
6-7am	Coffee	2 cups	✓	  	  	Yes	No	Watching TV
7-8am						Yes	No	
8-9am						Yes	No	
9-10am						Yes	No	
10-11am						Yes	No	
11-12pm						Yes	No	
12-1pm						Yes	No	
1-2pm						Yes	No	
2-3pm						Yes	No	
3-4pm						Yes	No	
4-5pm						Yes	No	
5-6pm						Yes	No	
6-7pm						Yes	No	
7-8pm						Yes	No	
8-9pm						Yes	No	