BLADDER DIARY

Fluids- What and how much did you drink?
Urination- Check (√) each time you urinate.

? urge- Did you have a strong urge to urinate?
? accident- Did you have any leakage?
What were you doing?- If you had leakage, what were you doing?

Day_____

TIME	Fluids	Urination	? urge Yes/No	? accident Yes/No	What were you doing?
6-8 am					
8-10 am					
10-12 noon					
2-2 pm					
2-4 pm					
4-6 pm					
6-8 pm					
8-10 pm					
10-12 pm					
12-2 am					
2-4 am					
4-6 am					

Day _____

Fluids	Urination	? urge Yes/No	? accident Yes/No	What were you doing