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# Daily Bladder Diary

By filling out the Bladder Diary, you'll be taking another step toward improving your health. When you return the completed form, we'll examine the information you recorded and discuss our treatment recommendations with you as soon as possible. As you read the instructions, please keep in mind that the more accurate you are in recording the information, the better we'll be able to identify the problem and assist you in addressing it.

### Instructions:

**Column 1**  
 As you'll see, this Daily Bladder Diary is divided into 2-hour time slots.

**Column 2**  
 Please place a check in Column 2 (in the correct time slot) each time you urinate in the toilet.

**Column 3**  
 Every time you leak urine, please indicate in Column 3 whether you have leaked a small (S), medium (M), or large (L) amount. If the amount of urine you leak leaves you slightly damp, mark an "S" in the correct time slot. If you have leaked about a tablespoon or 2 of urine, please place an "M" in that time slot. If you have experienced a loss of urine greater than about 2 tablespoons, please place an "L" in that time slot.

**Column 4**  
 Please write down (in the correct time slot) what you were doing when you leaked urine, such as sneezing, lifting, coughing, laughing, rushing to the bathroom, etc.

**Column 5**  
 Please place a check in Column 5 (in the correct time slot) if you felt a need or urge to urinate at the same time you were leaking urine.

**Column 6**  
 Every time you drink liquid, please indicate what you drank, such as coffee, water, orange juice, etc. (in the correct time slot), and estimate the amount you drank, such as one cup (8 ounces), 1/2 cup, etc.

Please complete one of these forms each day, for  days, as recommended by your clinician.

Date:

1 Time Interval	2 Voided in Toilet	3 Urine Leakage	4 Activity at Time of Leakage	5 Urge Present	6 Liquid Intake (Type, Amount)
6AM to 8AM					
8AM to 10AM					
10AM to 12PM					
12PM to 2PM					
2PM to 4PM					
4PM to 6PM					
6PM to 8PM					
8PM to 10PM					
10PM to 12AM					
12AM to 2AM					
2AM to 4AM					
4AM to 6AM					

If you used pads or other protective garments this week, please indicate below what type of pad you used and how many you used per day.

Type of pad used:  Number of pads used per day:

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_