



Name: \_\_\_\_\_

Date: \_\_\_\_\_

This diary will help you and your health care team understand your bladder function. It is a 24 hour record of your intake and output as well as leakage episodes. The "sample" line below will show you how to use the diary.

<u>Time of day</u>	<u>Drinks</u> What kind? How much?	<u>Urinate</u> How many times per hour?	<u>Urine</u> How much? (use ml's or oz's)	<u>Accidental Leak</u> How much? Sm Med Lrg	<u>Strong urge to go?</u> Yes or No	<u>What were you doing?</u> (sneezing, lifting, etc)
SAMPLE	Coffee - 2 cups	2	2 oz	sm	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						
10-11pm						
11-12am						
12-1am						
1-2am						
2-3am						
3-4am						
4-5am						
5-6am						

