



## **Bladder Diary**

This bladder diary is one of the most important tools to help you and your healthcare provider talk about your bladder control. Please complete it for the number of days specified by your healthcare provider (day  $\bigcirc$  and  $\bigcirc$  night). Begin recording upon rising in the morning and continue for a full 24 hours. Discuss with your healthcare provider.

Bladder Diary									
Time A.M.	Food/fluid intake (amount of liquid in ounces)	Voided amount in ounces or S/M/LG	Leakage amount 1=drops/ damp 2=soaked	Catheter Usage 1=success 2=w/o success 0=none	Time P.M.	Food/fluid intake (amount of liquid in ounces)	Voided amount in ounces or S/M/LG	Leakage amount 1=drops/ damp 2=soaked	Catheter Usage 1=success 2=w/o success 0=none

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Notes:									