Juneau OBSTETRICS & GYNECOLOGY

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Bladder Diary

Your Name: DOB:

This diary will help understand your bladder function and how to most effectively treat your symptoms. The goal is to record all liquid intake, urination, and leakage of urine over the course of 3 days. The first line below is an example.

Date:

Time	Drinks		Urine		Accidents		
Hour	What kind	Amount	# Voids	Amount	How much? (S, M, L)	Strong Urge?	What were you doing?
Sample 6-7 AM	coffee	12 oz.	2	200 mL, 100 mL	small	No	Sneezing

Date:

Time	Drinks		Urine		Accidents		
Hour	What kind	Amount	# Voids	Amount	How much? (S, M, L)	Strong Urge?	What were you doing?

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Date:

Time	Drinks		Urine		Accidents		
Hour	What kind	Amount	# Voids	Amount	How much? (S, M, L)	Strong Urge?	What were you doing?

Notes: