







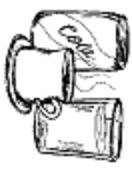






Your Daily Bladder Diary

This diary will help you and your health care team. Bladder diaries help show the causes of bladder control trouble. The "sample" line (below) will show you how to use the diary.

Your name: _____
Date: _____

				ACCIDENTS			
							
Time	Drinks	Urine	Accidental leaks	Did you feel a strong urge to go?	What were you doing at the time?		
	What kind? How much?	How many times? How much? (circle one)	How much? (circle one)	Circle one	Sneezing, exercising, hurrying, sex, lifting, etc.		
Sample	Coffee 2 cups	4 <input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	1/2 sm <input checked="" type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input checked="" type="radio"/>	Running		
6-7 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
7-8 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
8-9 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
9-10 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
10-11 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
11-12 noon		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
12-1 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
1-2 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
2-3 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
3-4 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
4-5 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
5-6 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
6-7 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			

				ACCIDENTS			
							
Time	Drinks <i>What kind? How much?</i>	Urine <i>How many times? How much? (circle one)</i>	Accidental leaks <i>(circle one)</i>	Did you feel a strong urge to go? <i>Circle one</i>	What were you doing at the time? <i>Sneezing, exercising, having sex, lifting, etc.</i>		
Sample	Soba 2 cans	<input checked="" type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input checked="" type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input checked="" type="radio"/> No <input type="radio"/>	laughing		
7-8 p.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
8-9 p.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
9-10 p.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
10-11 p.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
11-12 midnight		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
12-1 a.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
1-2 a.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
2-3 a.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
3-4 a.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
4-5 a.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
5-6 a.m.		<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> 5 <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			

I used _____ pads. I used _____ diapers today (write number).








Questions to ask my health care team: _____


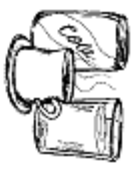




Let's Talk About Bladder Control for Women is a public health awareness campaign conducted by the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), an information dissemination service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.

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Sample	Coffee 2 cups	4 <input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	1 <input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input checked="" type="radio"/>	Running		
6-7 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
7-8 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
8-9 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
9-10 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
10-11 a.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
11-12 noon		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
12-1 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
1-2 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
2-3 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
3-4 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
4-5 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
5-6 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			
6-7 p.m.		<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input type="radio"/>			

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Time	Drinks <i>What kind? How much?</i>	Urine <i>How many times? How much? (circle one)</i>	Accidental leaks <i>(circle one)</i>	Did you feel a strong urge to go? <i>Circle one</i>	What were you doing at the time? <i>Sneezing, exercising, having sex, lifting, etc.</i>		
Sample	Soba 2 cans	<input checked="" type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input checked="" type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input checked="" type="radio"/> No <input type="radio"/>	laughing		
7-8 p.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
8-9 p.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
9-10 p.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
10-11 p.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
11-12 midnight		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
12-1 a.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
1-2 a.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
2-3 a.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
3-4 a.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
4-5 a.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			
5-6 a.m.		<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Yes <input type="radio"/> No <input type="radio"/>			

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