

BLADDER DIARY



Keeping track of your bladder symptoms can help you and your health care team determine what causes, increases or minimizes leaks.

YOUR NAME _____

DATE _____

TIME	FOOD/DRINK		RESTROOM USE		URGE		ACTIVITY
	WHAT?	HOW MUCH?	HOW OFTEN?	HOW MUCH?			
6-7 AM					STRONG	NORMAL	
7-8 AM					STRONG	NORMAL	
8-9 AM					STRONG	NORMAL	
9-10 AM					STRONG	NORMAL	
10-11 AM					STRONG	NORMAL	
11-12 PM					STRONG	NORMAL	
12-1 PM					STRONG	NORMAL	
1-2 PM					STRONG	NORMAL	
2-3 PM					STRONG	NORMAL	
3-4 PM					STRONG	NORMAL	
4-5 PM					STRONG	NORMAL	
5-6 PM					STRONG	NORMAL	
6-7 PM					STRONG	NORMAL	
7-8 PM					STRONG	NORMAL	
8-9 PM					STRONG	NORMAL	
9-10 PM					STRONG	NORMAL	
10-11 PM					STRONG	NORMAL	
11-12 AM					STRONG	NORMAL	
12-1 AM					STRONG	NORMAL	
1-2 AM					STRONG	NORMAL	
2-3 AM					STRONG	NORMAL	
3-4 AM					STRONG	NORMAL	
4-5 AM					STRONG	NORMAL	
5-6 AM					STRONG	NORMAL	

I used _____ Depend® _____ briefs today.
QUANTITY ABSORBENCY

NOTES

*Source: National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)