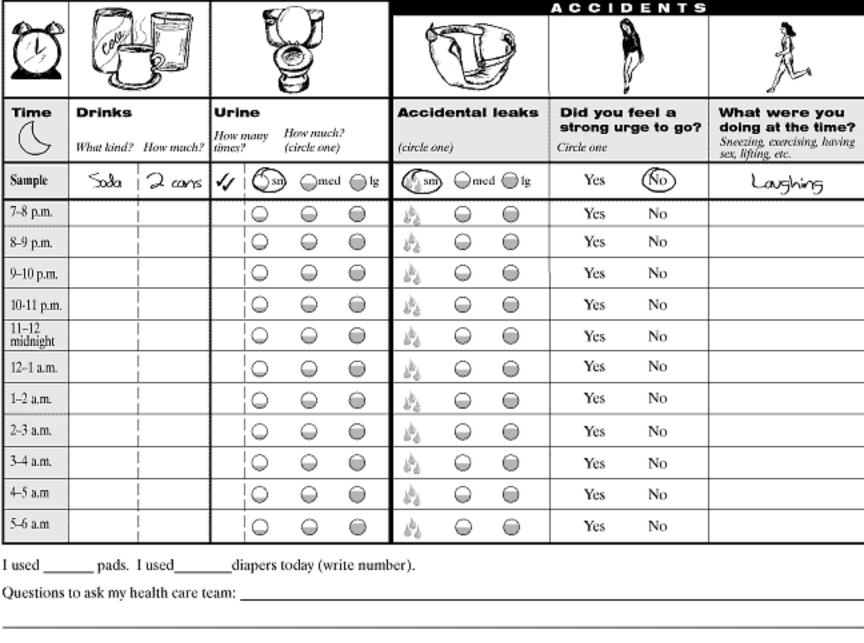
Your Daily Bladder Diary Your name: _____ This diary will help you and your health care team. Bladder diaries help show the causes of bladder control trouble. The "sample" line (below) will show you how to use the diary. Date: _ ACCIDENTS Urine **Accidental leaks** Time Drinks Did you feel a What were you strong urge to go? doing at the time? How much? How much? How many Sneezing, exercising, having What kind? How much? times? (circle one) (circle one) Circle one sex, lifting, etc. Coffee 2 aps 1 🍂 sm 🏈 mc🕽 🗎 (No (D) Sample ☐med ☐lg Yes Running 6-7 a.m. Yes No 0 \odot 0 Θ \odot 0 Yes No 7-8 a.m. 0 Yes No 8-9 a.m. 'n 0 \odot 0 Yes No 9-10 a.m. 0 Yes No 10-11 a.m. 0 à Yes No 11-12 poon 0 0 \odot 0 Yes No 12-1 p.m. 0 0 h \odot 1-2 p.m. Yes No \bigcirc À \odot 2-3 p.m. Yes No 3-4 p.m. \odot \odot Yes No \ominus h $4-5 \, \text{p.m.}$ Yes No 0 Θ \odot 5-6 p.m. Yes No \odot \odot 6-7 p.m. Yes No



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