



# Bladder Diary

Fill in this diary and discuss it with your medical professional.

Name.....Pads used .....

Date	Time	Drinks		Toilet Amount of urine passed  1 = small 2= med 3= large	Could you fully empty your bladder  Yes= Y No = N	Strong urgency to go  Yes = Y No = N	Leaks Amount of urine passed  1 = small 2= med 3= large	Activity?  sports, sneezing, coughing, sex, lifting, sleeping
		Type	Amount					

Further notes I wish to discuss with my doctor.  
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