



Use the diary below to help track your symptoms of urinary incontinence. Once complete present this diary to your health care provider to help diagnose the causes of your bladder control trouble. You may use this document to print copies for as many days as you may need.

Name: _____ Date: _____

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

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

I used _____ pads today.

I used _____ diapers today (write number).

Questions to ask my health care team:
