BLADDER TRAINING DIARY



Date	Time	Beverage consumption		Number of trips to the bathroom		Accidental Leaks		Did you feel a strong urge to go?	What were you doing?	Notes
		Type of beverage	Amount	Number	Approx how much urine?	Number	Type of leak (dribble, stream, gush)			
Eg: Tuesday, January 23rd	2-3pm	Coffee	Regular sized latte	V V	A teaspoon	V V	Small dribble	Yes	Running, sneezing, lifting etc	Any additional factors of note