BLADDER TRAINING DIARY

CONFITEX™

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*	✓✓	*A teaspoon*	✓✓	*Small dribble*	*Yes*	*Running, sneezing, lifting etc*	*Any additional factors of note*