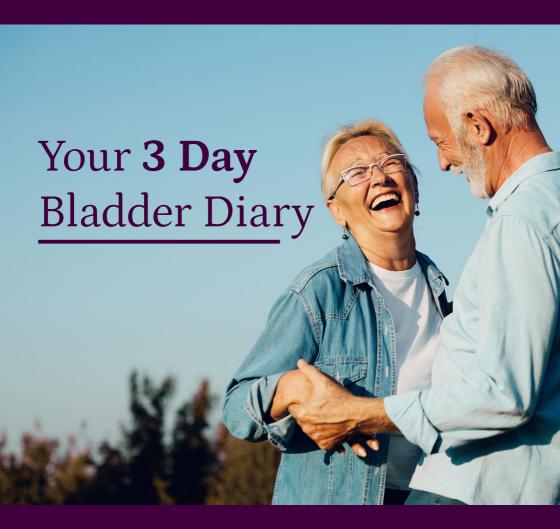
OAB.ie





A bladder diary may help you keep note of the times when you visit the toilet and also the number of leaks you may be experiencing. You should fill in the diary for 3 consecutive days and discuss with your doctor.

Visit www.oab.ie for further support and information

## Day 1

Date:	/	/	
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Time I woke up : Time I went to bed :

	Drinks Consumed		Number of		Strong	
TIME	What kind?	How much?	trips to toilet during the hour	Mild urge to pee	urge to pee	Wetting accident
Sample	Tea	2 cups	1	-	1	-
Sample	Coke	1 can	2	-	1	-
≤¥≤ 6-7 morning						
≤¥≥ 7-8 morning						
≥ <u>¥</u> ∠ 8-9 morning						
≥ <u>¥</u> ≤ 9-10 morning						
10-11 morning						
_ <b>≟</b> ≤ 11-12 morning						
12-1 afternoon						
1-2 afternoon						
2-3 afternoon						
3-4 afternoon						
4-5 afternoon						
5-6 evening						
€ 6-7 evening						
7-8 evening						
<b>)</b> 8-9 night						
<b>)</b> 9-10 night						
<b>)</b> 10-11 night						
<b>)</b> 11-12 night						
<b>)</b> 12-1 night						
<b>)</b> 1-2 night						
<b>)</b> 2-3 night						
<b>)</b> 3-4 night						
<b>)</b> 4-5 night						
<b>)</b> 5-6 night						

## Day 2

Date:	/	/	
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Time I woke up : Time I went to bed :

	Drinks Consumed		Number of		Strong	
TIME	What kind?	How much?	trips to toilet during the hour	Mild urge to pee	urge to pee	Wetting accident
Sample	Tea	2 cups	1	-	1	-
Sample	Coke	1 can	2	-	1	-
≤¥≤ 6-7 morning						
≤¥≥ 7-8 morning						
≥ <u>¥</u> ∠ 8-9 morning						
≥ <u>¥</u> ≤ 9-10 morning						
10-11 morning						
_ <b>≟</b> ≤ 11-12 morning						
12-1 afternoon						
1-2 afternoon						
2-3 afternoon						
3-4 afternoon						
4-5 afternoon						
5-6 evening						
€ 6-7 evening						
7-8 evening						
<b>)</b> 8-9 night						
<b>)</b> 9-10 night						
<b>)</b> 10-11 night						
<b>)</b> 11-12 night						
<b>)</b> 12-1 night						
<b>)</b> 1-2 night						
<b>)</b> 2-3 night						
<b>)</b> 3-4 night						
<b>)</b> 4-5 night						
<b>)</b> 5-6 night						

## Day 3

Date: / /
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Time I woke up : Time I went to bed :

	Drinks Consumed		Number of		Strong	
TIME	What kind?	How much?	trips to toilet during the hour	Mild urge to pee	urge to pee	Wetting accident
Sample	Tea	2 cups	1	-	1	-
Sample	Coke	1 can	2	-	1	-
≟≟ 6-7 morning						
2 7-8 morning						
8-9 morning						
9-10 morning						
10-11 morning						
11-12 morning						
12-1 afternoon						
1-2 afternoon						
2-3 afternoon						
3-4 afternoon						
4-5 afternoon						
■ 5-6 evening						
▲ 6-7 evening						
7-8 evening						
<b>)</b> 8-9 night						
<b>)</b> 9-10 night						
<b>)</b> 10-11 night						
<b>)</b> 11-12 night						
<b>)</b> 12-1 night						
<b>)</b> 1-2 night						
<b>)</b> 2-3 night						
<b>3</b> -4 night						
<b>)</b> 4-5 night						
→ 5-6 night						