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BLADDER DIARY

Please record a minimum of 3 days of urine output. Consecutive days are preferred.

Date	**Time** AM/PM	**Volume Voided**	**Vol. Cath. (If Appropriate)**	**Leakage** W – Wet D – Damp S – Soaked	**Pad Change** W – Wet D – Damp S – Soaked	**Date**	**Time** AM/PM	**Volume Voided**	**Vol. Cath. (If Appropriate)**	**Leakage** W – Wet D – Damp S – Soaked	**Pad Change** W – Wet D – Damp S – Soaked