

Tranquility® Product Family

Time 	Drinks 		Trips to the Bathroom 			Leaks 			What were you doing at the time? 				
	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	Walking			
6-7 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
7-8 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
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3-Day Bladder Diary

TRANQUILITY
INCONTINENCE CARE

SELECT
Incontinence Products

ComfortCare
Incontinence Products

When Performance Matters Most!

3-Day Bladder Diary

This diary will help your health care team understand your bladder control issues. The "sample" line shows you how to use the diary.

Your Name: _____ Date: _____

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Healthy Bladder Tips

- Urinate when you feel the need to
- Choose water as your beverage of choice
- Make sure your bowel movements are regular
- Maintain a healthy weight and exercise

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