

Food and Drink Tracker

For Bladder Health

Date _____

Food Eaten	Symptoms	Severity
Breakfast		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Strong
Lunch		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Strong
Snacks		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Strong
Dinner		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Strong