# Your Daily Bladder Diary

This diary will help you and your health care team figure out the causes of your bladder control trouble. The "sample" line shows you how to use the diary.

Your name: _____

Date: _____

| Time | Drinks | | Trips to the Bathroom | | Accidental Leaks | Did you feel a strong urge to go? | What were you doing at the time? |
|---|---|---|---|---|---|---|---|
| | What kind? | How much? | How many times? | How much urine? (circle one) | How much? (circle one) | Circle one | Sneezing, exercising having sex, lifting, etc. |
| Sample | Coffee | 2 cups | ✓✓ | ⊚ ○ ○  sm  med  lg | ○ ⊚ ○  sm  med  lg | Yes  (No) | Running |
| 6–7 a.m. | | | | ○ ○ ●  | ○ ○ ● | Yes  No | |
| 7–8 a.m. | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 8–9 a.m. | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 9–10 a.m. | | | | ○ ● ● | ○ ○ ● | Yes  No | |
| 10–11 a.m. | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 11–12 noon | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 12–1 p.m. | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 1–2 p.m. | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 2–3 p.m. | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 3–4 p.m. | | | | ○ ● ● | ○ ○ ● | Yes  No | |
| 4–5 p.m | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 5–6 p.m. | | | | ○ ○ ● | ○ ○ ● | Yes  No | |
| 6–7 p.m. | | | | ● ● ● | ○ ○ ● | Yes  No | |

Use this sheet as a master for making copies that you can use as a bladder diary for as many days as you need.

| Time | Drinks | | Trips to the Bathroom | | Accidental Leaks | Did you feel a strong urge to go? | What were you doing at the time? |
|---|---|---|---|---|---|---|---|
| | *What kind?* | *How much?* | *How many times?* | *How much urine? (circle one)* | *How much? (circle one)* | *Circle one* | *Sneezing, exercising having sex, lifting, etc.* |
| **Sample** | Soda | 2 cans | ✓✓ | (sm) med lg | (sm) med lg | Yes (No) | Running |
| 7–8 p.m. | | | | sm med lg | sm med lg | Yes No | |
| 8–9 p.m. | | | | sm med lg | sm med lg | Yes No | |
| 9–10 p.m. | | | | sm med lg | sm med lg | Yes No | |
| 10–11 p.m. | | | | sm med lg | sm med lg | Yes No | |
| 11–12 midnight | | | | sm med lg | sm med lg | Yes No | |
| 12–1 a.m. | | | | sm med lg | sm med lg | Yes No | |
| 1–2 a.m. | | | | sm med lg | sm med lg | Yes No | |
| 2–3 a.m. | | | | sm med lg | sm med lg | Yes No | |
| 3–4 a.m. | | | | sm med lg | sm med lg | Yes No | |
| 4–5 a.m. | | | | sm med lg | sm med lg | Yes No | |
| 5–6 a.m. | | | | sm med lg | sm med lg | Yes No | |

I used _____ pads today.  I used _____ diapers today (write number).

Questions to ask my health care team:  _____

_____

_____

_____

_____