

Your Daily Bladder Diary

This diary will help you and your health care team diagnose the cause(s) of your bladder control problem.

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? <i>Sneezing, exercising, having sex, lifting, etc.</i>
	What kind?	How much?	How many times?	How much urine? (circle one)		How much? (circle one)			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	Yes <input checked="" type="radio"/> No	Running
6-7 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
7-8 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
8-9 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
9-10 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
10-11 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
11-12 noon				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
12-1 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
1-2 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
2-3 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
3-4 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
4-5 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
5-6 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
6-7 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	

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

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

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

Instructions:

1. Choose 4 days (entire 24 hours) to complete this record – they do not have to be in a row. Pick days in which will be convenient for you to measure every void.
2. Begin recording when you wake up in the morning–continue for a full 24 hours.
3. **Make a separate record for each time you void, leak, or have anything to drink.**
4. Measure voids (using cc measurements) using the hat.
5. Measure fluid intake in ounces.
6. When recording a leak – please indicate the volume using a scale of 1-3 (1=drops/damp, 2=wet-soaked, 3=bladder emptied), your activity during the leak, and if you had an urge (“yes” or “no”).