



## 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. Please complete the chart as accurately as you can. Complete each of the two pages for each of three days.

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

Time	Drinks		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>What kind?</i>	<i>How much?</i>	<i>How many times?</i>	<i>How much urine? (circle one)</i>		<i>How much? (circle one)</i>					
<b>Sample</b>	<i>Coffee</i>	<i>2 cups</i>	✓	<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	<b>Running</b>
6-7 a.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
7-8 a.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
8-9 a.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
9-10 a.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
10-11 a.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
11-12 noon				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
12-1 p.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
1-2 p.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
2-3 p.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
3-4 p.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
4-5 p.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
5-6 p.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	
6-7 p.m.				<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes No	

Time	Drinks		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>What kind?</i>	<i>How much?</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).

Questions to ask my health care team: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reproduced and adapted from the National Kidney and Urologic Diseases Information Clearinghouse, a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health. Available at: <http://kidney.niddk.nih.gov/kudiseases/pubs/pdf/diary.pdf>