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.



National Institute of Diabetes and Digestive and Kidney Diseases

Time	Drinks		Trips to the Bathroom		Accidental Leaks	Did you feel a strong urge	What were you doing at the time?
	What kind?	How much? oz, mL, cups	How many times?	How much urine?	How much urine?	to go?	Sneezing, lifting, arriving home, sleeping, etc.
Sample	Juice	8 ounces	√ √	Sm med lg	sm med lg	Yes No	Running
6–7 a.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
7–8 a.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
8–9 a.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
9–10 a.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
10–11 a.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
11-12 noon				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
12 — 1 p.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
1–2 p.m.				$\bigcirc \ominus \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
2–3 p.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
3–4 p.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
4–5 p.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
5–6 p.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
6–7 p.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
7–8 p.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
8–9 p.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
9–10 p.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
10–11 p.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
11–12 mid.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
12 – 1 a.m.				\bigcirc \bigcirc \bigcirc	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
1–2 a.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
2–3 a.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
3–4 a.m.				$\bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	Yes No	
4–5 a.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc$	Yes No	
5–6 a.m.				$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$	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.

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

Questions to ask my health care team: ___