

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 will show 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? <i>Sneezing, exercising, 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> | <i>(circle one)</i> | <i>(circle one)</i> | |
| Sample | Coffee | 2 cups | ✓ ✓ | <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 | Running |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |

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? <i>Sneezing, exercising, etc.</i> |
|--------|------------|-----------|------------------------------|---|---|-----------------------------------|----|---|
| | What kind? | How much? | How many times? (circle one) | How much urine? (circle one) | How much? (circle one) | (circle one) | | |
| Sample | Coffee | 2 cups | ✓ ✓ | <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 | Running |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |
| | | | | <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 | |

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

Questions to ask my health care team: _____

Adapted from The National Diabetes Information Clearinghouse (NDIC), a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. This publication is not copyrighted.

Home Care Delivered is your source for quality medical supplies delivered right to your door.
Convenient Home Delivery • Hassle-Free Claims Processing • Follow-Up Care & Support

For more information or to enroll today call toll-free 800-565-5644
 or visit us online at www.HomeCareDelivered.com

Diabetes • Incontinence • Urology • Ostomy • Wound Care • Erectile Dysfunction

