

BLADDER DIARY

This diary will help you and your provider to better understand your urinary symptoms. It helps you track your fluid intake and frequency, your urinary frequency and amount, urgency sensations, and leakage. Please complete 2-3 days that include your normal daily activities such as working, running errands, housework, and so on. We have provided a specimen hat for you to urinate into so you can measure your urine. You may throw it away after completing the diary. List the type of fluid and the amount you drink. Note the activities you were doing when your symptoms occurred.

Name _____

Day One

TIME	DRINKS (type)	AMOUNT (1cup=8oz)	TRIPS TO BATHROOM	AMOUNT (ml)	LEAKS sm/med/large	URGE (Y/N)	ACTIVITY (sneeze/run/sex/stood up/ etc)
SAMPLE	Coffee	2 cups	2	120/240	Sm	Y	Stood up
6-7 am							
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11-12 pm							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6pm							
6-7 pm							
7-8 pm							
8-9 pm							
9-10 pm							
10-11 pm							
11-12 am							
12-3 am							
3-6 am							

BLADDER DIARY

Name _____

Day Two

TIME	DRINKS (type)	AMOUNT (1cup=8oz)	TRIPS TO BATHROOM	AMOUNT (ml)	LEAKS sm/med/large	URGE (Y/N)	ACTIVITY (sneeze/run/sex/stood up/ etc)
SAMPLE	Coffee	2 cups	2	120/240	Sm	Y	Stood up
6-7am							
7-8 am							
8-9am							
9-10 am							
10-11 am							
11-12 pm							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6pm							
6-7 pm							
7-8 pm							
8-9 pm							
9-10 pm							
10-11 pm							
11-12 am							
12am-3am							
3-6am							

I used _____ (insert number) pads/ diapers today. They were (circle) dry damp saturated

Please list any other important information that you would like your provider to know that may have occurred during this diary time. _____

