



# Bladder Diary



Please fill out the following 3-day diary to help you and your therapist better understand your daily habits and possible relationships to the problems you experience. In this diary, you will keep track of what you eat and drink, how often you go to the bathroom, the amount you urinate, the intensity of your bladder urges, any leaking, and what activities may be associated with leaking or urgency. Below is a detailed description of what to include, and on the following page is a sample diary to help you better understand how to write yours.



**Time of Day:** For each day, the times have been included starting with Midnight and ending with 11 p.m. Please make note (using an asterisk, star, etc) of the time that you get up for the day and the time that you go to bed for the night.



**Food & Drink:** Make a brief note of what you eat and drink correlated to the approximate time of day. This helps your therapist see your dietary habits and how they may relate to your bladder difficulties.



**Amount:** In this column, estimate the amount that you urinate by either measuring with an appropriate cup, or counting in seconds the length of time of your stream of urine. Be sure to count using a consistent technique (i.e. one-one-thousand, one-mississippi, etc). Your therapist may encourage you to measure in a certain way based on your situation.



**Urgency:** Make note of any episodes of bladder urges that you experience, and grade these urges on a 0-3 scale: 0~ no urge at all, 1~ slight urge, 2~ moderate urge, and 3~ very strong urge. These may be correlated to a trip to the bathroom, an episode of leaking, or may not be associated with urination at all. Estimate the time that this occurs.



**Leakage:** If you experience any leaking, please write when it happened and an approximate amount described as follows:

**Small** (S) ~ just a few drops of urine that would not require a change of pad or underwear.

**Medium** (M) ~ this amount would be enough to require a change of underwear if you were not wearing a pad, but would not necessarily require a change of pad.

**Large** (L) ~ this would require a full change of clothing if you were not wearing a pad, and if you were wearing a pad, a change would probably be desired.



**What Happened?:** Here you can describe any activity related to episodes of leaking or strong urgency. Examples could include coughing/sneezing, exercise, hearing running water, or walking to the bathroom. In some cases, you may be unable to identify any association.

# Sample Diary

Time of Day	Food & Drink	Amount (oz/sec)	Urgency (0 - 3)	Leakage (S, M, L)	What happened?
Midnight					
1:00 AM					
2:00 AM		7 sec	3	M	walking to bathroom
3:00 AM					
4:00 AM					
5:00 AM					
6:00 AM					
*7:00 AM		11 sec	3	M	walking to bathroom
8:00 AM	1 c. coffee, cereal with milk				
9:00 AM					
10:00 AM					
11:00 AM		10 sec	3		
12:00 PM	Turkey sandwich, chips, apple, 2 c. water				
1:00 PM			0	S	coughing
2:00 PM	12 oz diet coke, banana				
3:00 PM		6 sec	2		
4:00 PM					
5:00 PM		8 sec	2		
6:00 PM	grilled chicken, sweet potato, broccoli				
7:00 PM	1 c. water, 1 glass wine				
8:00 PM					
*9:00 PM	1 c. milk	4 sec	1		
10:00 PM					
11:00 PM					

Name: \_\_\_\_\_

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

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1:00 AM					
2:00 AM					
3:00 AM					
4:00 AM					
5:00 AM					
6:00 AM					
7:00 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					
7:00 PM					
8:00 PM					
9:00 PM					
10:00 PM					
11:00 PM					

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7:00 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
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9:00 PM					
10:00 PM					
11:00 PM					

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