

MY BLADDER DIARY

Date: _____

	Bathroom trips		Leaks	What you were doing (sneezing, standing up, sleeping)	Urge? (S)trong (N)ormal	Drinks and Food	
	Number	How much				Drink	Food
6a							
7a							
8a							
9a							
10a							
11a							
12p							
1p							
2p							
3p							
4p							
5p							
6p							
7p							
8p							
9p							
10p							
11p							
12a							
1a							
2a							
3a							
4a							
5a							

What time did you go to bed? _____

How many times did you urinate during the day? _____

How many times did you urinate during the night? _____

How many times did you leak? _____

How many pads/diapers did you use today? _____ (pads or diapers)