

3-Day Bladder Diary

Print it, fill it in for 3 days, and bring it to your doctor or pelvic floor therapist.

Name: _____

Start date: _____

How to fill it in

1. Write down every drink.

Time, what it was (water, coffee, tea, soda, alcohol) and roughly how much (cups or oz).

2. Write down every bathroom trip.

Time, and how strong the urge was: 0 = none, 1 = mild, 2 = strong, 3 = could barely make it.

3. Write down every leak.

Time, amount (S = a few drops, M = wet underwear, L = soaked through) and what you were doing.

4. Mark night trips.

Tick the "Night" box if the trip woke you up from sleep.

5. Keep going for 3 days.

Two weekdays and one weekend day give the most realistic picture. Then fill in the summary page.

Example rows

Time	Drink (type, amount)	Urinated	Urge 0-3	Leak S/M/L	What you were doing	Night
7:10 AM	Coffee, 1 cup	✓	2			
9:30 AM			3	M	Rushing to bathroom	
2:45 AM		✓	2			✓

Tip: use the online version at gettipsforbetterlife.com/bladder-diary if you prefer. It adds up your totals for you and prints a summary.

Day 1

Write one line for each drink, bathroom trip or leak.

Date: _____

Woke up at: _____

Went to bed at: _____

Day 2

Write one line for each drink, bathroom trip or leak.

Date: _____

Woke up at: _____

Went to bed at: _____

Day 3

Write one line for each drink, bathroom trip or leak.

Date: _____

Woke up at: _____

Went to bed at: _____

Summary for Your Doctor

Count each day, then add the totals.

	Day 1	Day 2	Day 3	Total
Total drinks (cups or oz)				
Caffeine or alcohol drinks				
Bathroom trips (daytime)				
Bathroom trips at night				
Strong urges (2 or 3)				
Leaks: small				
Leaks: medium or large				
Leaks with cough, sneeze, laugh or lifting				
Leaks with a sudden urge				
Pads used				

Questions to ask your doctor

- What type of leakage does my diary suggest (stress, urge, or mixed)?
- Would pelvic floor therapy or bladder training help me?
- Could any of my medicines or drinks be making this worse?
- Notes:

See a doctor promptly if you notice blood in your urine, pain or burning when you urinate, fever, or a sudden change in bladder control.