

BLADDER DIARY




Instructions for filling out bladder diary


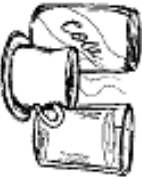




- There are 2 pages to fill out per day
- The First 2 columns **HAVE TO BE FILLED OUT**
- Fill out first column what you are drinking
 - o Coffee, tea, soda, water
 - o Rough estimates are OK, cup, large glass, etc
- 2nd column fill out when you void/pee
 - o Check off the time you go to the bathroom
 - o Circle the amount you estimate you urinated
 - o Write next to it the number in ounces (right side of the bladder hat) how much you actually did pee
- The next 3 columns **ONLY NEED TO BE FILLED OUT IF YOU HAD AN ACCIDENT**
- Checkmark the time you had an episode/accident of leaking urine.
- Circle the amount of urine you estimate came out
 - o Few drops
 - o Soaked onto pad or underwear
 - o Soaked through outside clothing
- The next column, check YES or NO if you had an urge to pee/void **RIGHT BEFORE** you leaked urine.
- The last column fill in **ANY and ALL ACTIVITY** you were doing **RIGHT BEFORE** you leaked urine. Include all activity including: sitting, sneezing, coughing, laughing bending over, etc.
- **IF YOU DO NOT LEAK URINE, YOU DO NOT HAVE TO FILL OUT THE COLUMNS ABOUT URGE OR ACTIVITY**
- Complete at least 3 days (preferably 7 days) to see what you are going through at home

Your Daily Bladder Diary

This diary will help you and your health care team. Bladder diaries help show the causes of bladder control trouble. The "sample" line (below) will show you how to use the diary.

Your name: _____
Date: _____

ACCIDENTS									
Time	Drinks	Urine	Accidental leaks	Did you feel a strong urge to go?	What were you doing at the time?				
	What kind? How much?	How many times? How much? (circle one)	How much? (circle one)	Circle one	Sneezing, exercising, having sex, lifting, etc.				
Sample	Coffee 2 cups	 <input type="radio"/> sm <input checked="" type="radio"/> med <input type="radio"/> lg	 <input type="radio"/> sm <input checked="" type="radio"/> med <input type="radio"/> lg	Yes <input type="radio"/> No <input checked="" type="radio"/>	Running				
6-7 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
7-8 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
8-9 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
9-10 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
10-11 a.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
11-12 noon		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
12-1 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
1-2 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
2-3 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
3-4 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
4-5 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
5-6 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					
6-7 p.m.		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>					

ACCIDENTS									
									
Time	Drinks	Drinks	Urine	Urine	Accidental leaks	Did you feel a strong urge to go?	Did you feel a strong urge to go?	What were you doing at the time?	
	What kind?	How much?	How many times?	How much? (circle one)	(circle one)	Circle one	Circle one	Sneezing, exercising, having sex, lifting, etc.	
Sample	Soda	2 cans	✓	<input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	<input checked="" type="radio"/> Yes <input type="radio"/> No	Laughing	
7-8 p.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
8-9 p.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
9-10 p.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
10-11 p.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
11-12 midnight				<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	<input type="radio"/> Yes <input type="radio"/> No		
12-1 a.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
1-2 a.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
2-3 a.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
3-4 a.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
4-5 a.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		
5-6 a.m.				<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	<input type="radio"/> Yes <input type="radio"/> No		

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

Questions to ask my health care team: _____

Let's Talk About Bladder Control for Women is a public health awareness campaign conducted by the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), an information dissemination service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.