



Before Your Next Appointment:

Tips for Preparing

Get ready for your discussion with your healthcare provider. Keep a “bladder diary” for 3 days, noting when and how often you go.

Day 1	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S - M - L	Yes - No		Yes - No	S - M - L	
9pm-12am				S - M - L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S - M - L	

Day 2	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S - M - L	Yes - No		Yes - No	S - M - L	
9pm-12am				S - M - L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S - M - L	

Day 3	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S - M - L	Yes - No		Yes - No	S - M - L	
9pm-12am				S - M - L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S - M - L	