



Before Your Next Appointment:

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		Comments
DATE / /	Beverage	How many times?	How much?	Did you feel a strong urge to urinate?	Did you have an accident?	How much did you leak?	
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		Comments
DATE / /	Beverage	How many times?	How much?	Did you feel a strong urge to urinate?	Did you have an accident?	How much did you leak?	
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		Comments
DATE / /	Beverage	How many times?	How much?	Did you feel a strong urge to urinate?	Did you have an accident?	How much did you leak?	
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	