

Your Guide to Bladder Diaries

A bladder diary is a record of what you drink, when you urinate (pee), and any strong urges (urgency) or urine leakage (incontinence). It helps you and your Urology Health provider understand your symptoms and choose the best care. This guide includes a simple three-day diary.

Why keep a bladder diary

It can be hard to remember every bathroom trip or leak. Writing things down as they happen can show patterns. For example, you may pee small amounts, leak when you cough or exercise, or wake up at night to pee. Your provider can look at these patterns along with your health history, forms, and any tests you may need. A diary cannot diagnose a health problem on its own.

Why three days

Three days can usually give your provider helpful information without making you keep a diary for a full week. The three days do not have to be in a row. Pick days that are like your normal routine. Include both daytime and nighttime events.

What to record

Write down the time, type, and amount of each drink. Write down each time you pee and the amount of urine if you can measure it safely. Note any sudden strong urge to pee, any leak, and what you were doing when it happened. Also write down when you go to bed and when you get up for the day. This helps your provider understand symptoms that happen at night.

You do not need to write down every meal or snack. Use the Foods and Snacks chart for foods you think may be linked to your symptoms or bladder discomfort. Each day, mark if you used pads or protective underwear for urine leaks. If you did, write down how many of each type you used that day.

Using the diary over time

Your provider may ask you to keep another short diary after you start treatment, if your symptoms change, or before a follow-up visit. Most people do not need a detailed diary every day for months. If you compare diaries, try to record things the same way each time.

When to seek medical attention

Do not wait to finish the diary if you cannot pee or have severe symptoms. Get urgent in-person medical care if you cannot pee, have urinary symptoms with fever, chills, or pain in your back or side; see blood in your urine; or have new pain when you pee.

There are no good or bad diary results. Record what usually happens for you. This guide can help with your care, but it does not replace medical advice.

How to Complete Your Diary

- 1. Choose three usual days.** Keep your normal drinking and bathroom habits unless your provider tells you to change them.
- 2. Record a full day and night.** Write the start and end dates and times. Try to record 24 hours on each daily sheet. Include what happens at night and the first time you pee after your main sleep. If you record days in a row, write each event only once.
- 3. Record drinks when you have them.** Write the time, drink type, and amount. For coffee, tea, or soda, note if it is regular or decaf when you know. You can estimate the amounts from the cup, bottle or can. One cup is 8 fluid ounces, or about 240 mL.
- 4. Record drinks, bathroom trips, and leaks.** Use one row for each event. In the chart, mark Yes under Urinated if you peed in the toilet. If you leak but do not use the toilet, use a separate row and leave Urinated blank. For a drink, write the type and amount. Fill in more than one part of a row only when events happen at the same time.
- 5. Measure urine when you can.** Use a urine collection hat or a measuring container used only for this purpose. Choose ounces or milliliters and use the same unit for the whole diary. If measuring is hard or unsafe, leave the amount blank. Do not guess. Your provider needs measured amounts to understand how much urine your body makes.
- 6. Mark urges and leaks.** A strong urge means you suddenly need to pee and it is hard to wait. Mark Yes or No even if you did not leak. For leaks, use: none; small = a few drops; medium = wet underwear or pad; large = soaked underwear or pad, or wet outer clothing. These are estimates, not exact amounts.
- 7. Include sleep information.** Write when you went to bed to sleep and when you got up for the day. Mark Yes if you woke from sleep to use the bathroom. In the Notes column, write First morning next to the first time you pee after getting up for the day.
- 8. Bring or upload all three sheets.** Leave boxes blank if they do not apply. If you miss an event, write it instead of trying to remember it later. Use an extra sheet if you need more rows. You do not need to add up the totals.

Do not hold your urine or wait to use the bathroom just to complete the diary. Write down the event as soon as you can afterward.

Sources

Sampselle CM. Teaching Women to Use a Voiding Diary. *American Journal of Nursing*. 2003;103(11):62–64.
Dmochowski RR et al. Bladder-health diaries: an assessment of 3-day vs 7-day entries. *BJU International*. 2005;96:1049–1054.
International Continence Society. Bladder diary / frequency volume chart; Assessment of Lower Urinary Tract Symptoms; Nocturnal urine volume.

Bladder Diary Day 1

Name: _____ Date: _____ Start date/time: _____ End date/time: _____

Got up for the day: _____ Went to bed: _____ Units: ounces ____ or milliliters ____

Used pads or protective underwear for urine leaks today? No ____ Yes ____

Number used today: Pantyliners _____ Pads _____ Protective underwear or briefs _____ Other _____ Count _____

Fluids In and Out

One row per for each drink, bathroom trip, or leak. Fill in only the boxes that apply. Use an extra sheet if needed.

[illegible]

Foods and Snacks Optional

[illegible]

Leak amount: none / small (drops) / medium (wet) / large (soaked). Write "First morning" urination in Notes for the first time you pee after getting up.

Bladder Diary Day 2

Name: _____ Date: _____ Start date/time: _____ End date/time: _____

Got up for the day: _____ Went to bed to sleep: _____ Units: ounces _____ or milliliters _____

Used pads or protective underwear for urine leaks today? No ____ Yes ____

Number used today: Pantyliners _____ Pads _____ Protective underwear or briefs _____ Other _____ Count _____

Fluids In and Out

One row per drink, urination, or leak. Fill in only the relevant columns. Use an extra sheet if needed.

[illegible]

Foods and Snacks Optional

[illegible]

Leak amount: none / small (drops) / medium (wet) / large (soaked). Write "First morning" in Notes for the first time you pee after getting up.

Bladder Diary Day 3

Name: _____ Date: _____ Start date/time: _____ End date/time: _____

Got up for the day: _____ Went to bed to sleep: _____ Units: ounces ____ or milliliters ____

Used pads or protective underwear for urine leaks today? No ____ Yes ____

Number used today: Pantyliners _____ Pads _____ Protective underwear or briefs _____ Other _____ Count _____

Fluids In and Out

One row per drink, urination, or leak. Fill in only the relevant columns. Use an extra sheet if needed.

[illegible]

Foods and Snacks Optional

[illegible]

Leak amount: none / small (drops) / medium (wet) / large (soaked). Write "First morning" in Notes for the first time you pee after getting up.