

Keeping track of bladder control



Please complete all three pages and discuss with your health care professional.

This bladder diary will help you and your health care team figure out how best to improve your bladder function. The “sample” line shows you how to use the diary.

Please complete the chart as accurately as you can for any three days, even if they aren't one after another.

Your name: _____

I used _____ pads today. I used _____ diapers today.

Questions to ask my health care team: _____

More information and resources at: alosafoundation.org/modules/incontinence



Pharmaceutical Assistance
Contract for the Elderly

Balanced information for better care

Reproduced and adapted from the National Kidney and Urologic Diseases Information Clearinghouse, a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NDDK), National Institutes of Health. Available at: kidney.niddk.nih.gov/kudiseases/pubs/diary/diary_508.pdf

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at alosafoundation.org.

DAY 1

DAY 1							
Time	Liquids		Trips to the bathroom		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 urine? (check one)	How much? (check one)	Circle one	Sneezing, exercising, having sex, etc.
Sample	Coffee	2 cups	2	<input checked="" type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input checked="" type="checkbox"/> med <input type="checkbox"/> lg	YES <input checked="" type="radio"/> NO	Running
6-7 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
7-8 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
8-9 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
9-10 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
10-11 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
11-12 noon				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
12-1 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
1-2 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
2-3 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
3-4 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
4-5 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
5-6 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
6-7 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
7-8 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
8-9 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
9-10 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
10-11 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
11-12 p.m. midnight				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
12-1 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
1-2 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
2-3 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
3-4 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
4-5 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
5-6 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	

DAY 2

DAY 2							
Time	Liquids		Trips to the bathroom		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 urine? (check one)	How much? (check one)	Circle one	Sneezing, exercising, having sex, etc.
Sample	Coffee	2 cups	2	<input checked="" type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input checked="" type="checkbox"/> med <input type="checkbox"/> lg	YES <input checked="" type="radio"/> NO	Running
6-7 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
7-8 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
8-9 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
9-10 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
10-11 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
11-12 noon				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
12-1 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
1-2 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
2-3 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
3-4 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
4-5 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
5-6 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
6-7 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
7-8 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
8-9 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
9-10 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
10-11 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
11-12 p.m. midnight				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
12-1 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
1-2 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
2-3 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
3-4 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
4-5 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
5-6 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	

DAY 3

DAY 3							
Time	Liquids		Trips to the bathroom		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 urine? (check one)	How much? (check one)	Circle one	Sneezing, exercising, having sex, etc.
Sample	Coffee	2 cups	2	<input checked="" type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input checked="" type="checkbox"/> med <input type="checkbox"/> lg	YES <input checked="" type="radio"/> NO	Running
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7-8 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
8-9 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
9-10 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
10-11 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
11-12 noon				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
12-1 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
1-2 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
2-3 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
3-4 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
4-5 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
5-6 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
6-7 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
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8-9 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
9-10 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
10-11 p.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
11-12 p.m. midnight				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
12-1 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
1-2 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
2-3 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
3-4 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
4-5 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	
5-6 a.m.				<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	YES NO	