

# Bladder Diary

## ***Instructions***

The information you supply in this diary will benefit you and your health care provider in assessing your needs and tracking your progress during treatment. Please fill out this diary every day for the next 7 days. Follow the instructions below:

1. In **Column 1**, make a ✓ each time you **urinate in the toilet**.
2. In **Column 2**, make a ✓ each time you have a **small accident** (less than about 1 tablespoonful).
3. In **Column 3**, make a ✓ each time you have a **large accident** (more than 1 tablespoonful).
4. In **Column 4**, make a ✓ each time you **change a wet pad**.
5. In **Column 5**, write down **what you were doing** when each accident in Columns 2 and 3 happened. For example, sneezing, coughing, walking, or lifting.
6. **Below the chart**, please fill in the **total number of wet pads** you used in the 24-hour period and the **total number of Kegel exercises** you performed.



# Bladder Diary

## Day 1

Name \_\_\_\_\_

Date \_\_\_\_\_

Time	1 Urinated in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing
6-8 a.m.					
8-10 a.m.					
10 a.m.- 12 p.m.					
12-2 p.m.					
2-4 p.m.					
4-6 p.m.					
6-8 p.m.					
8-10 p.m.					
10 p.m.- 12 a.m.					
Overnight					

Number of Pads used in 24 hours \_\_\_\_\_

Number of Kegels in 24 hours \_\_\_\_\_

# Bladder Diary

## Day 2

Name \_\_\_\_\_

Date \_\_\_\_\_

Time	1 Urinated in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing
6-8 a.m.					
8-10 a.m.					
10 a.m.- 12 p.m.					
12-2 p.m.					
2-4 p.m.					
4-6 p.m.					
6-8 p.m.					
8-10 p.m.					
10 p.m.- 12 a.m.					
Overnight					

Number of Pads used in 24 hours \_\_\_\_\_

Number of Kegels in 24 hours \_\_\_\_\_

# Bladder Diary

## Day 3

Name \_\_\_\_\_

Date \_\_\_\_\_

Time	1 Urinated in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing
6-8 a.m.					
8-10 a.m.					
10 a.m.- 12 p.m.					
12-2 p.m.					
2-4 p.m.					
4-6 p.m.					
6-8 p.m.					
8-10 p.m.					
10 p.m.- 12 a.m.					
Overnight					

Number of Pads used in 24 hours \_\_\_\_\_

Number of Kegels in 24 hours \_\_\_\_\_

# Bladder Diary

## Day 4

Name \_\_\_\_\_

Date \_\_\_\_\_

Time	1 Urinated in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing
6-8 a.m.					
8-10 a.m.					
10 a.m.- 12 p.m.					
12-2 p.m.					
2-4 p.m.					
4-6 p.m.					
6-8 p.m.					
8-10 p.m.					
10 p.m.- 12 a.m.					
Overnight					

Number of Pads used in 24 hours \_\_\_\_\_

Number of Kegels in 24 hours \_\_\_\_\_

# Bladder Diary

## Day 5

Name \_\_\_\_\_

Date \_\_\_\_\_

Time	1 Urinated in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing
6-8 a.m.					
8-10 a.m.					
10 a.m.- 12 p.m.					
12-2 p.m.					
2-4 p.m.					
4-6 p.m.					
6-8 p.m.					
8-10 p.m.					
10 p.m.- 12 a.m.					
Overnight					

Number of Pads used in 24 hours \_\_\_\_\_

Number of Kegels in 24 hours \_\_\_\_\_

# Bladder Diary

## Day 6

Name \_\_\_\_\_

Date \_\_\_\_\_

Time	1 Urinated in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing
6-8 a.m.					
8-10 a.m.					
10 a.m.- 12 p.m.					
12-2 p.m.					
2-4 p.m.					
4-6 p.m.					
6-8 p.m.					
8-10 p.m.					
10 p.m.- 12 a.m.					
Overnight					

Number of Pads used in 24 hours \_\_\_\_\_

Number of Kegels in 24 hours \_\_\_\_\_

# Bladder Diary

## Day 7

Name \_\_\_\_\_

Date \_\_\_\_\_

Time	1 Urinated in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing
6-8 a.m.					
8-10 a.m.					
10 a.m.- 12 p.m.					
12-2 p.m.					
2-4 p.m.					
4-6 p.m.					
6-8 p.m.					
8-10 p.m.					
10 p.m.- 12 a.m.					
Overnight					

Number of Pads used in 24 hours \_\_\_\_\_

Number of Kegels in 24 hours \_\_\_\_\_