

BLADDER DIARY

Use this bladder diary to keep track of what you drink, how much you drink, and when you have an incontinent moment.

YOUR NAME: _____

DATE: _____

(make copies of this diary for use in tracking incontinence episodes).

Time	Fluids		Urinated in toilet (number of times)	How much? (small, medium, or large amount?)	Did you feel a strong urge to urinate?	Leaked urine (number of times)	How much? (small, medium, or large amount)	Activity when leaking
	What kinds?	How much?						
Sample	Water	2 cups	✓	medium	no	✓✓	small	running
6am - 8am								
8am - 10am								
10am - 12pm								
12pm - 2pm								
2pm - 4pm								
4pm - 6pm								
6pm - 8pm								
8pm - 10pm								
10pm - 12am								
12am - 2am								
2am - 4am								
4am - 6am								