

# Bladder Journal

**Instructions:**

For 3 consecutive days and nights, record how much you drink and how much you urinate. This information should be shared with your health care provider so they can better understand your symptoms. Complete a new sheet each day.

**DATE:** \_\_\_\_\_ **TIME I AWOKE:** \_\_\_\_\_ **AM/PM** \_\_\_\_\_ **TIME TO BED:** \_\_\_\_\_ **AM/PM** \_\_\_\_\_

TIME	Type of drink and amount	Place a checkmark each time you urinated in the restroom	Place a checkmark each time you replaced a pad/liner	Every time you leak, circle one option below		
12am				Mostly Dry	Slightly Wet	Saturated
1am				Mostly Dry	Slightly Wet	Saturated
2am				Mostly Dry	Slightly Wet	Saturated
3am				Mostly Dry	Slightly Wet	Saturated
4am				Mostly Dry	Slightly Wet	Saturated
5am				Mostly Dry	Slightly Wet	Saturated
6am				Mostly Dry	Slightly Wet	Saturated
7am				Mostly Dry	Slightly Wet	Saturated
8am				Mostly Dry	Slightly Wet	Saturated
9am				Mostly Dry	Slightly Wet	Saturated

10am				Mostly Dry	Slightly Wet	Saturated
11am				Mostly Dry	Slightly Wet	Saturated
12pm				Mostly Dry	Slightly Wet	Saturated
1pm				Mostly Dry	Slightly Wet	Saturated
2pm				Mostly Dry	Slightly Wet	Saturated
3pm				Mostly Dry	Slightly Wet	Saturated
4pm				Mostly Dry	Slightly Wet	Saturated
5pm				Mostly Dry	Slightly Wet	Saturated
6pm				Mostly Dry	Slightly Wet	Saturated
7pm				Mostly Dry	Slightly Wet	Saturated
8pm				Mostly Dry	Slightly Wet	Saturated
9pm				Mostly Dry	Slightly Wet	Saturated
10pm				Mostly Dry	Slightly Wet	Saturated
11pm				Mostly Dry	Slightly Wet	Saturated