



Assessing your overactive bladder (OAB) symptoms:

Use this diary to help keep track of your bladder habits.

FOLLOW THE GUIDELINES BELOW

- ✎ **Keep a diary for 3 days.** This way, your doctor can get a better understanding of your symptoms over time. Any 3 days you choose is fine
- ✎ **Begin your diary when you wake up.** Take notes throughout the day, and continue until the next morning
- ✎ During the day, **write down how much liquid you drink.** As well as you can, log the specific amount you have with each serving. Most beverage containers list the number of ounces they contain
- ✎ **Take note of how much you urinate during the day.** Your doctor may recommend using a special collection cup, which can help you correctly measure the amount of urine
- ✎ **If you have a wetting accident, write down when and where it happened.** It may reveal a pattern and help your doctor develop a treatment plan for you

Don't forget to bring your diary on your next visit to the doctor's office

3-Day Bladder Diary

Day 1		Fluids		Urination			Accidents		
DATE	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
DD/MM/YY									
6am-9am				S · M · L	Yes · No		Yes · No	S · M · L	
9am-12pm				S · M · L	Yes · No		Yes · No	S · M · L	
12pm-3pm				S · M · L	Yes · No		Yes · No	S · M · L	
3pm-6pm				S · M · L	Yes · No		Yes · No	S · M · L	
6pm-9pm				S · M · L	Yes · No		Yes · No	S · M · L	
9pm-12am				S · M · L	Yes · No		Yes · No	S · M · L	
12am-3am				S · M · L	Yes · No		Yes · No	S · M · L	
3am-6am				S · M · L	Yes · No		Yes · No	S · M · L	

Day 2		Fluids		Urination			Accidents		
DATE	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
DD/MM/YY									
6am-9am				S · M · L	Yes · No		Yes · No	S · M · L	
9am-12pm				S · M · L	Yes · No		Yes · No	S · M · L	
12pm-3pm				S · M · L	Yes · No		Yes · No	S · M · L	
3pm-6pm				S · M · L	Yes · No		Yes · No	S · M · L	
6pm-9pm				S · M · L	Yes · No		Yes · No	S · M · L	
9pm-12am				S · M · L	Yes · No		Yes · No	S · M · L	
12am-3am				S · M · L	Yes · No		Yes · No	S · M · L	
3am-6am				S · M · L	Yes · No		Yes · No	S · M · L	

Day 3		Fluids		Urination			Accidents		
DATE	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
DD/MM/YY									
6am-9am				S · M · L	Yes · No		Yes · No	S · M · L	
9am-12pm				S · M · L	Yes · No		Yes · No	S · M · L	
12pm-3pm				S · M · L	Yes · No		Yes · No	S · M · L	
3pm-6pm				S · M · L	Yes · No		Yes · No	S · M · L	
6pm-9pm				S · M · L	Yes · No		Yes · No	S · M · L	
9pm-12am				S · M · L	Yes · No		Yes · No	S · M · L	
12am-3am				S · M · L	Yes · No		Yes · No	S · M · L	
3am-6am				S · M · L	Yes · No		Yes · No	S · M · L	