

# Your 3 Day Bladder Diary

---



























A bladder diary may help you keep note of the times when you visit the toilet and also the number of leaks you may be experiencing. You should fill in the diary for 3 consecutive days and discuss with your doctor.

Visit [www.oab.ie](http://www.oab.ie)  
for further support and information

# Day 1

Date:  /  /

























Time I woke up  :  Time I went to bed  :

TIME	Drinks Consumed		Number of trips to toilet during the hour	Mild urge to pee	Strong urge to pee	Wetting accident
	What kind?	How much?				
Sample	Tea	2 cups	1	-	1	-
Sample	Coke	1 can	2	-	1	-
 6-7 morning						
 7-8 morning						
 8-9 morning						
 9-10 morning						
 10-11 morning						
 11-12 morning						
 12-1 afternoon						
 1-2 afternoon						
 2-3 afternoon						
 3-4 afternoon						
 4-5 afternoon						
 5-6 evening						
 6-7 evening						
 7-8 evening						
 8-9 night						
 9-10 night						
 10-11 night						
 11-12 night						
 12-1 night						
 1-2 night						
 2-3 night						
 3-4 night						
 4-5 night						
 5-6 night						

# Day 2

Date:  /  /

























Time I woke up  :  Time I went to bed  :

TIME	Drinks Consumed		Number of trips to toilet during the hour	Mild urge to pee	Strong urge to pee	Wetting accident
	What kind?	How much?				
Sample	Tea	2 cups	1	-	1	-
Sample	Coke	1 can	2	-	1	-
 6-7 morning						
 7-8 morning						
 8-9 morning						
 9-10 morning						
 10-11 morning						
 11-12 morning						
 12-1 afternoon						
 1-2 afternoon						
 2-3 afternoon						
 3-4 afternoon						
 4-5 afternoon						
 5-6 evening						
 6-7 evening						
 7-8 evening						
 8-9 night						
 9-10 night						
 10-11 night						
 11-12 night						
 12-1 night						
 1-2 night						
 2-3 night						
 3-4 night						
 4-5 night						
 5-6 night						

# Day 3

Date:  /  /

Time I woke up  :  Time I went to bed  :

TIME	Drinks Consumed		Number of trips to toilet during the hour	Mild urge to pee	Strong urge to pee	Wetting accident
	What kind?	How much?				
Sample	Tea	2 cups	1	-	1	-
Sample	Coke	1 can	2	-	1	-
 6-7 morning						
 7-8 morning						
 8-9 morning						
 9-10 morning						
 10-11 morning						
 11-12 morning						
 12-1 afternoon						
 1-2 afternoon						
 2-3 afternoon						
 3-4 afternoon						
 4-5 afternoon						
 5-6 evening						
 6-7 evening						
 7-8 evening						
 8-9 night						
 9-10 night						
 10-11 night						
 11-12 night						
 12-1 night						
 1-2 night						
 2-3 night						
 3-4 night						
 4-5 night						
 5-6 night						

Date of preparation : April 2024 MAT-IE-NON-2024-00025