PATTERN TRACKER™

VAGINAL, BLADDER & SEXUAL HEALTH

Three-Day Bladder Diary™

Complete one sheet on three typical days to notice patterns in fluids, bathroom visits, urgency and leakage.

Choose days that reflect your usual routine. Estimate when needed; useful patterns do not require perfect measurements.

Day: ☐ 1 ☐ 2 ☐ 3 Date: _____ Wake time: _____ Bedtime: _____

Record Through the Day

TIME	DRINK: TYPE & AMOUNT	URINATED: SMALL / MEDIUM / LARGE	URGENCY 0–3	LEAKAGE: NONE / DROPS / MORE	WHAT WAS HAPPENING?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Urgency Key: 0 None • 1 Mild • 2 Strong • 3 Could not wait

Leakage: note what happened, such as coughing, exercise, a sudden urge or no clear trigger.

Nighttime Notes

Number of times I woke to urinate: _____

Any urgency? ☐ No ☐ Yes

Any leakage? ☐ No ☐ Yes

Anything else I noticed: _____

End-of-Day Snapshot

Total drinks: _____

Bathroom visits: _____

Leakage episodes: _____

Strong urgency episodes: _____

Most bothersome time: _____

Possible influence: _____

What pattern or question would I like to discuss?

_____

Gentle Reminder

This diary cannot diagnose a bladder condition. It helps organize details that may make a healthcare conversation more useful.

Martine's Midlife Wellness Tip

Do not deliberately drink more or less just for the diary. Record a typical day so the pattern reflects your usual routine.

Seek prompt medical care for blood in urine, fever with urinary symptoms, severe back or pelvic pain, vomiting or difficulty passing urine.