

3-Day Bladder Snapshot

Use this section to record the most important episodes or patterns you notice over 3 days. You do not have to measure everything perfectly. The goal is to help you and your clinician see patterns.

Day 1 / Day 2 / Day 3

Time	What Happened	Urgency	Leak?	What were you doing?	Drink or trigger?
	☐ Urinated ☐ Leak only ☐ Woke up to urinate	☐ None ☐ Mild ☐ Strong	☐ No ☐ A few drops ☐ Wet pad/underwear/clothes		
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Daily summary

How many times did you urinate today?

Day 1: _____ Day 2: _____ Day 3: _____

How many times did you wake up to urinate overnight?

Day 1: _____ Day 2: _____ Day 3: _____

Did you use pads, liners, or protective underwear?

☐ No

☐ Yes: About how many per day? _____

Common triggers I noticed:

☐ Coughing/sneezing/laughing

☐ Exercise/lifting

☐ Strong urgency

☐ Coffee/tea/caffeine

☐ Alcohol

☐ Carbonated drinks

☐ Long gaps between bathroom trips

☐ Getting home/putting key in door

☐ Running water

☐ Other: _____

What I want help with most:

☐ Leaking with activity

☐ Urgency

☐ Frequent bathroom trips

☐ Nighttime urination

☐ Pads/protective products

☐ Odor/skin irritation

☐ Embarrassment or impact on daily life

☐ Knowing what treatment options exist