

My Bladder Check-In

A simple 3-day tracker to help you notice patterns and have a better conversation with your provider.

**Track a few days.
Bring this with you.**

You don't have to write everything down. A few notes can help your provider understand what you're experiencing.

Day 1

How many times did you go to the bathroom today?

_____ times

Did you have to hurry?

☐ Yes ☐ No

Did you leak urine?

☐ Yes ☐ No

How many times did you wake up at night to go?

☐ 0 ☐ 1 ☐ 2 or more

Did your bladder stop you from doing something you wanted to do?

☐ Yes ☐ No

Day 2

How many times did you go to the bathroom today?

_____ times

Did you have to hurry?

☐ Yes ☐ No

Did you leak urine?

☐ Yes ☐ No

How many times did you wake up at night to go?

☐ 0 ☐ 1 ☐ 2 or more

Did your bladder stop you from doing something you wanted to do?

☐ Yes ☐ No

Day 3

How many times did you go to the bathroom today?

_____ times

Did you have to hurry?

☐ Yes ☐ No

Did you leak urine?

☐ Yes ☐ No

How many times did you wake up at night to go?

☐ 0 ☐ 1 ☐ 2 or more

Did your bladder stop you from doing something you wanted to do?

☐ Yes ☐ No

What bothers you most?

Check all that apply.

- ☐ I go too often
- ☐ I have to rush to get to the bathroom
- ☐ I leak urine
- ☐ I wake up at night
- ☐ It stops me from doing things I enjoy
- ☐ Something else: _____

What do you want help with?

Tell us in your own words.

One question I want to ask my provider:

Highpoint Health

with  Ascension
Saint Thomas

You don't have to navigate this alone. We're here to listen. Call 800.424.3627.