



Bladder and Bowel Diary

A 7-day father-friendly tracker for bedwetting, daytime urinary symptoms, stooling patterns, constipation clues, soiling episodes, routines, and notes for your child's healthcare team.

Child initials _____	Week of _____	Age _____
Parent/caregiver _____	Clinician _____	Next appointment _____

How to use this diary	Dad's mindset	Bring this to appointments
Complete one page per day for 7 days. Track fluids, bathroom trips, wetting or soiling, stool type, pain, and routines. Estimate when needed. Consistency matters more than perfection.	This tool is designed to replace blame with data. Accidents are handled calmly. Reward effort, sitting, tracking, and cleanup participation rather than only dry nights or clean underwear.	Share the diary with your pediatrician, pediatric urologist, gastroenterologist, therapist, or school nurse. Patterns can help guide next steps and determine whether constipation is affecting the bladder.

Bristol stool type quick guide	What it may suggest	Dad note
Types 1-2: hard pellets or lumpy sausage	Constipation likely	Report pain, withholding, or large stools.
Types 3-4: cracked sausage or smooth soft stool	Often a healthy target	Goal is soft, painless, predictable stooling.
Types 5-7: soft blobs, mushy, or watery	Loose stool or possible overflow	If soiling continues, ask whether stool retention is still present.

Call your child's clinician promptly for pain with urination, blood in urine or stool, fever, vomiting, weight loss, severe belly pain, recurrent urinary tract infections, sudden new accidents after months of dryness, or constipation that is not improving.

Day 1 Daily Tracker

Date: _____ School/daycare day? ☐ Yes ☐ No

Morning check	Daytime plan	Evening check
Bed wet? ☐ No ☐ Small spot ☐ Medium ☐ Soaked Woke up to pee? ☐ Yes ☐ No Pajamas/sheets changed calmly? ☐ Yes ☐ No	Timed bathroom sits used? ☐ Yes ☐ No After-meal sits used? ☐ Breakfast ☐ Lunch ☐ Dinner Accident supplies packed? ☐ Yes ☐ No	Fluids reduced 2 hours before bed? ☐ Yes ☐ No Toilet before bed? ☐ Yes ☐ No Medicine/laxative as directed? ☐ Yes ☐ No ☐ N/A

Time	Fluid amount/type	Pee?	Urgency 0-3	Leak/wet?	BM?	Stool type 1-7	Pain 0-3	Soiling?	Notes, triggers, dad support

End-of-day notes	What worked today?	Question for clinician
Sleep, stress, school, diet, activity, constipation signs, sensory concerns, or changes:	Praise, routine, alarm response, cleanup reset, sitting success:	

Day 2 Daily Tracker

Date: _____ School/daycare day? ☐ Yes ☐ No

Morning check	Daytime plan	Evening check
Bed wet? ☐ No ☐ Small spot ☐ Medium ☐ Soaked Woke up to pee? ☐ Yes ☐ No Pajamas/sheets changed calmly? ☐ Yes ☐ No	Timed bathroom sits used? ☐ Yes ☐ No After-meal sits used? ☐ Breakfast ☐ Lunch ☐ Dinner Accident supplies packed? ☐ Yes ☐ No	Fluids reduced 2 hours before bed? ☐ Yes ☐ No Toilet before bed? ☐ Yes ☐ No Medicine/laxative as directed? ☐ Yes ☐ No ☐ N/A

Time	Fluid amount/type	Pee?	Urgency 0-3	Leak/wet?	BM?	Stool type 1-7	Pain 0-3	Soiling?	Notes, triggers, dad support

End-of-day notes	What worked today?	Question for clinician
Sleep, stress, school, diet, activity, constipation signs, sensory concerns, or changes:	Praise, routine, alarm response, cleanup reset, sitting success:	

Day 3 Daily Tracker

Date: _____ School/daycare day? ☐ Yes ☐ No

Morning check	Daytime plan	Evening check
Bed wet? ☐ No ☐ Small spot ☐ Medium ☐ Soaked Woke up to pee? ☐ Yes ☐ No Pajamas/sheets changed calmly? ☐ Yes ☐ No	Timed bathroom sits used? ☐ Yes ☐ No After-meal sits used? ☐ Breakfast ☐ Lunch ☐ Dinner Accident supplies packed? ☐ Yes ☐ No	Fluids reduced 2 hours before bed? ☐ Yes ☐ No Toilet before bed? ☐ Yes ☐ No Medicine/laxative as directed? ☐ Yes ☐ No ☐ N/A

Time	Fluid amount/type	Pee?	Urgency 0-3	Leak/wet?	BM?	Stool type 1-7	Pain 0-3	Soiling?	Notes, triggers, dad support

End-of-day notes	What worked today?	Question for clinician
Sleep, stress, school, diet, activity, constipation signs, sensory concerns, or changes:	Praise, routine, alarm response, cleanup reset, sitting success:	

Day 4 Daily Tracker

Date: _____ School/daycare day? ☐ Yes ☐ No

Morning check	Daytime plan	Evening check
Bed wet? ☐ No ☐ Small spot ☐ Medium ☐ Soaked Woke up to pee? ☐ Yes ☐ No Pajamas/sheets changed calmly? ☐ Yes ☐ No	Timed bathroom sits used? ☐ Yes ☐ No After-meal sits used? ☐ Breakfast ☐ Lunch ☐ Dinner Accident supplies packed? ☐ Yes ☐ No	Fluids reduced 2 hours before bed? ☐ Yes ☐ No Toilet before bed? ☐ Yes ☐ No Medicine/laxative as directed? ☐ Yes ☐ No ☐ N/A

Time	Fluid amount/type	Pee?	Urgency 0-3	Leak/wet?	BM?	Stool type 1-7	Pain 0-3	Soiling?	Notes, triggers, dad support

End-of-day notes	What worked today?	Question for clinician
Sleep, stress, school, diet, activity, constipation signs, sensory concerns, or changes:	Praise, routine, alarm response, cleanup reset, sitting success:	

Day 5 Daily Tracker

Date: _____ School/daycare day? ☐ Yes ☐ No

Morning check	Daytime plan	Evening check
Bed wet? ☐ No ☐ Small spot ☐ Medium ☐ Soaked Woke up to pee? ☐ Yes ☐ No Pajamas/sheets changed calmly? ☐ Yes ☐ No	Timed bathroom sits used? ☐ Yes ☐ No After-meal sits used? ☐ Breakfast ☐ Lunch ☐ Dinner Accident supplies packed? ☐ Yes ☐ No	Fluids reduced 2 hours before bed? ☐ Yes ☐ No Toilet before bed? ☐ Yes ☐ No Medicine/laxative as directed? ☐ Yes ☐ No ☐ N/A

Time	Fluid amount/type	Pee?	Urgency 0-3	Leak/wet?	BM?	Stool type 1-7	Pain 0-3	Soiling?	Notes, triggers, dad support

End-of-day notes	What worked today?	Question for clinician
Sleep, stress, school, diet, activity, constipation signs, sensory concerns, or changes:	Praise, routine, alarm response, cleanup reset, sitting success:	

Day 6 Daily Tracker

Date: _____ School/daycare day? ☐ Yes ☐ No

Morning check	Daytime plan	Evening check
Bed wet? ☐ No ☐ Small spot ☐ Medium ☐ Soaked Woke up to pee? ☐ Yes ☐ No Pajamas/sheets changed calmly? ☐ Yes ☐ No	Timed bathroom sits used? ☐ Yes ☐ No After-meal sits used? ☐ Breakfast ☐ Lunch ☐ Dinner Accident supplies packed? ☐ Yes ☐ No	Fluids reduced 2 hours before bed? ☐ Yes ☐ No Toilet before bed? ☐ Yes ☐ No Medicine/laxative as directed? ☐ Yes ☐ No ☐ N/A

Time	Fluid amount/type	Pee?	Urgency 0-3	Leak/wet?	BM?	Stool type 1-7	Pain 0-3	Soiling?	Notes, triggers, dad support

End-of-day notes	What worked today?	Question for clinician
Sleep, stress, school, diet, activity, constipation signs, sensory concerns, or changes:	Praise, routine, alarm response, cleanup reset, sitting success:	

Day 7 Daily Tracker

Date: _____ School/daycare day? ☐ Yes ☐ No

Morning check	Daytime plan	Evening check
Bed wet? ☐ No ☐ Small spot ☐ Medium ☐ Soaked Woke up to pee? ☐ Yes ☐ No Pajamas/sheets changed calmly? ☐ Yes ☐ No	Timed bathroom sits used? ☐ Yes ☐ No After-meal sits used? ☐ Breakfast ☐ Lunch ☐ Dinner Accident supplies packed? ☐ Yes ☐ No	Fluids reduced 2 hours before bed? ☐ Yes ☐ No Toilet before bed? ☐ Yes ☐ No Medicine/laxative as directed? ☐ Yes ☐ No ☐ N/A

Time	Fluid amount/type	Pee?	Urgency 0-3	Leak/wet?	BM?	Stool type 1-7	Pain 0-3	Soiling?	Notes, triggers, dad support

End-of-day notes	What worked today?	Question for clinician
Sleep, stress, school, diet, activity, constipation signs, sensory concerns, or changes:	Praise, routine, alarm response, cleanup reset, sitting success:	

7-Day Summary for the Healthcare Team

Use this page to summarize patterns before the appointment. The goal is not to grade your child. The goal is to help the adults understand what your child's body is doing.

Pattern	Count or notes	Questions or next steps
Nights wet	____ out of 7	
Daytime urinary urgency or leaks	☐ None ☐ 1-2 days ☐ 3-5 days ☐ Most days	
Bowel movements	Total: ____ Painful? ☐ Yes ☐ No Large/hard? ☐ Yes ☐ No	
Soiling episodes	Total: ____ Child noticed? ☐ Yes ☐ No ☐ Sometimes	
Most common stool types	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	
Routines completed	After-meal sits: ____ / 21 Bedtime toilet: ____ / 7	
Possible triggers	☐ Constipation ☐ Stress ☐ Sleep disruption ☐ Sensory issues ☐ Diet changes ☐ Other: _____	
Fatherhood United support plan	One calm phrase we will use: _____	One routine we will keep: _____



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