BLADDER DIARY

Instructions to patient: A bladder diary gives important information about fluid intake, bladder emptying and urine leakage. This information helps us to help you. **Please complete the three-day diary whether you leak or not.**

How do I keep a bladder diary?

- Each time you have a drink, record the time, what you drank, and amount (in ounces, cups or mls).
- Accurate measurement of urine voided (in ounces, cups or mls) is very important to assess the
 bladder's capacity over 3 days and nights. Consecutive days are helpful but not mandatory. If you
 accidentally miss a measurement please document the time and estimate the void as small/medium/large.
 If you have trouble completing the bladder diary, please contact us for advice.
- Each time you leak urine, write if it was a small, medium or large amount.
 Small = few drops only
 Medium = wet underwear or pad
 Large = soaked clothing or pad.

Write what you think caused the leakage. For example, if the leakage was caused by a sudden and strong urge to pass urine, write "urgency" in the "Reason for leakage" column.

Time:	Drinks:		Urine voided in toilet:	Urine leakage Small/Medium/	Reason for leakage
	Туре	Amount	ml or oz	Large	
7:00 am			400 ml		
7:30 am	Green tea	1 ½ cup			
9:00 am				small	cough
10:00 am	water	500 mls			
10:30 am			250 ml	medium	urgency
11:00 am			150 ml		
12:00 noon	milk	6 ounces		small	sneeze

NOTES: I have a cold, coughing a bit.

Number & type of pads used: 1 maxi menstrual pad, 1 panty liner





Bladder Diary Day 1

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TIME:	DRINKS: Type	Amount	URINE voided in toilet: ml or oz	URINE LEAKAGE Small/Medium/ Large	REASON for leakage	
DA	└ Y TIME: STAR1	Γ FILLING O	JT WHEN YOU	GET UP FOR TH	E DAY	
<u> </u>						
	IME: FILL OUT	EACH TIME	YOU WAKE T	O VOID DURING	THE NIGHT	
\$						
NOTES:						
Number and ty	pe of pads used t	oday:				

DATE: _____

Blac	lder Diary	Day 2		Addressogra	ph		
DATE:							
TIME:	DRINKS:	Amount	URINE voided in toilet: ml or oz	URINE LEAKAGE Small/Medium/ Large	REASON for leakage		
DAY	Y TIME: START	FILLING OU	JT WHEN YOU	GET UP FOR TH	E DAY		
BED TIME: FILL OUT <u>EACH</u> TIME YOU WAKE TO VOID DURING THE NIGHT							
NOTES:							
Number and ty	pe of pads used t	oday:					
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TIME:	DRINKS: Type	Amount	URINE voided in toilet:	URINE LEAKAGE Small/Medium/ Large	REASON for leakage
D	AY TIME: STA	RT FILLING	OUT WHEN YOU	GET UP FOR TH	IE DAY
BED	TIME: FILL O	UT <u>EACH</u> TIN	/IE YOU WAKE T	O VOID DURING	THE NIGHT
* (- \(\frac{1}{2}\)					
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NOTES:					

Thank you for filling out this diary! We look forward to meeting with you.