BLADDER DIARY

YOUR NAME: _____   **D.O.B. :** _____

Please complete this 3 day bladder diary. You can change the times if you need to. In the time column please write BED when you went to bed and WOKE when you woke up.

Drinks: Write the amount you had to drink and the type of drink.

Urine Output: Enter the amount of urine you passed in millilitres (mL) in the urine column, day and night. You can use any measuring jug. If you passed urine but couldn't measure it, put a tick in this column. If you leaked urine at any time write LEAK in this column.

Bladder Sensation: Please indicate with the letter **S** if you had a feeling of needing to pass urine;
when you leaked urine and
prior to passing urine on the toilet.

Pads: If you change your wet pad put a tick in the "pads" column.

IT IS IMPORTANT TO FULLY COMPLETE THIS 3 DAY CHART TO HELP US ASSESS YOUR BLADDER SYMPTOMS.

DAY 1   **DATE:**

Time	Drinks		Urine Output	Bladder sensation y/n	Pads
	Amount	Type			
6am					
7am					
8am					
9am					
10am					
11am					
Midday					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
Midnight					
1am					
2am					
3am					
4am					
5am					

Time	Drinks		Urine Output	Bladder sensation y/n	Pads
	Amount	Type			
6am Woke			350ml	y	
7am	300ml	tea			
8am			√	n	
9am					
10am	Cup	Water	Leak	y	√

BLADDER DIARY

DAY 2   **DATE:**

Time	Drinks Amount	Type	Urine Output	Bladder sensation y/n	Pads
6am					
7am					
8am					
9am					
10am					
11am					
Midday					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
Midnight					
1am					
2am					
3am					
4am					
5am					

DAY 3   **DATE:**

Time	Drinks Amount	Type	Urine Output	Bladder sensation y/n	Pads
6am					
7am					
8am					
9am					
10am					
11am					
Midday					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
Midnight					
1am					
2am					
3am					
4am					
5am					