

3 DAY BLADDER DIARY

UR No:

Surname:

First Name:

DOB:

OR Attach Patient Label

This diary will help you and your health care provider understand your bladder function. It is a 24-hour record of your intake and output as well as leakage episodes.

WHAT YOU NEED TO DO

Keep the bladder diary for 3 days. (This does not have to be 3 days in a row; e.g. it could be Monday, Thursday and Saturday if you wish.)

Start a new chart each morning when you get up and continue throughout the day and night. This 24-hour period is one day.

Time: In this column note the time you have a drink or go to the toilet.

Drinks:

- **What kind:** Each time you have a drink, record the kind of drink you have.
- **How much:** Record how much you drink in mLs.

Urine:

- **How much:** Measure the amount of urine passed in mLs.

Accidental Leaks:

- **How much:** Note how much urine you think you leak.
E.g. size of 50c, more than 50c, need pad change.

Urge to go: Rate the degree of URGENCY you were experiencing

- 0 = No urge
- 1 = Mild urge
- 2 = Moderate - urgency discomfort interfering with daily activities
- 3 = Severe - extreme urgency, discomfort that stops activity

Comments: • A brief comment on anything related to bladder behaviour

- E.g. - I leaked before I got to the toilet
- Coughed and leaked
- Didn't feel I emptied properly

- **Pain** when bladder is full - Rate this pain 0-10 (10 being the worst pain)



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DAY 2 - DATE								ACCIDENTS	
Time	Drinks		Urine	Accidental Leaks			Urgency rating (0-3)	Comments	
	What Kind?	How much? Use measuring cup (mLs)	How much? Use measuring cup (mLs)	How much?					
				Size of 50c	More than 50c	Need pad change			
7.00am			300mL	✓			2	Leaked on way to toilet	
7.30am	Coffee	150mL							
		FLUID TOTAL	URINE TOTAL						

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[illegible]

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DAY 3 - DATE _____/_____/_____

[illegible]