# \*OP00640817\*

## 3 DAY BLADDER DIARY

| Surname:    |                      |                                       |
|-------------|----------------------|---------------------------------------|
| Surrianie   | NAC.                 | P                                     |
| First Name: | 2734                 | · · · · · · · · · · · · · · · · · · · |
|             | IN IQ FISH           | JUALE                                 |
| DOB:        |                      |                                       |
|             | OR Attach Patient La | bel                                   |

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

DAY BLADDER DIARY

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

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|----------------------|-----|
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| DOB:                 |     |
| OR Attach Patient La | hel |

|              |               |  |  |                   | OR Attach Patient Laber |                      |                |                         |  |  |
|--------------|---------------|--|--|-------------------|-------------------------|----------------------|----------------|-------------------------|--|--|
| DAY 2 - DATE |               |  |  |                   | ACCIDENTS               |                      |                |                         |  |  |
|              | Drinks        |  | Urine                                  | Accidental Leaks  |                         |                      | mil            |                         |  |  |
|              |               | How                                    | How                                    | Н                 | How much?               |                      |                | су                      |  |  |
|              | What<br>Kind? | much?<br>Use<br>measuring<br>cup (mLs) | much?<br>Use<br>measuring<br>cup (mLs) | Size<br>of<br>50¢ | More<br>than<br>50¢     | Need<br>pad<br>chang | ratin<br>(0-3) | g Comments              |  |  |
| 7.00am       |               |  | 300mL                                  | -                 |                         |                      | 2              | Leaked on way to toilet |  |  |
| 7.30am       | Coffee        | 150mL                                  |  |                   |                         |                      |                |                         |  |  |
|              |               |  |  |                   |                         |                      |                |                         |  |  |
|              |               |  |  |                   |                         |                      |                |                         |  |  |
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|              |               |  |  |                   |                         |                      |                |                         |  |  |
|              |               |  |  |                   |                         |                      |                |                         |  |  |
|              |               | FLUID                                  | URINE<br>TOTAL                         |                   |                         |                      |                |                         |  |  |

# 3 DAY BLADDER DIARY

|   | UR No:                   |
|---|--------------------------|
|   | Surname:                 |
|   | First Name:              |
|   | DOB:                     |
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| 2474.6 | DATE:         |  |  |                   |                     | ess periods           | OR Attach Patient Label    |                         |  |  |
|--------|---------------|--|--|-------------------|---------------------|-----------------------|----------------------------|-------------------------|--|--|
| DAY 3  | - DATE        |  |  |                   |                     |                       | ACCIDENTS                  |                         |  |  |
| 10000  | Drinks        |  | Urine                                  | -                 | idental             |                       |                            |                         |  |  |
|        |               | How                                    | How                                    | Н                 | How much?           |                       |                            |                         |  |  |
|        | What<br>Kind? | much?<br>Use<br>measuring<br>cup (mLs) | much?<br>Use<br>measuring<br>cup (mLs) | Size<br>of<br>50¢ | More<br>than<br>50¢ | Need<br>pad<br>change | Urgency<br>rating<br>(0-3) | Comments                |  |  |
| .00am  |               |  | 300mL                                  | -                 |                     |                       | 2                          | Leaked on way to toilet |  |  |
| 7.30am | Coffee        | 150mL                                  |  |                   |                     |                       |                            |                         |  |  |
|        |               |  |  |                   |                     |                       |                            |                         |  |  |
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|        |               |  |  |                   |                     |                       |                            |                         |  |  |
|        |               |  |  |                   |                     |                       |                            |                         |  |  |
|        |               | FLUID                                  | URINE<br>TOTAL                         |                   |                     |                       |                            |                         |  |  |

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| UR No:      |                         |
|-------------|-------------------------|
|             |                         |
| First Name: |                         |
| DOB:        |                         |
|             | OP Attach Patient Lahel |

| DAY 3 - DATE/ |               |        |   |                   | ACCIDENTS           |                       |                 |   |  |  |
|---------------|---------------|--------|---|-------------------|---------------------|-----------------------|-----------------|---|--|--|
|               | D             | rinks  | Urine   | Acc               | Accidental Leaks    |                       |                 | Element (A. C. and C. Art and C. and |  |  |
| Time          |               | How    |   | How much?         |                     |                       |                 |   |  |  |
|               | What<br>Kind? | at Hen | How<br>much?<br>Use<br>measuring<br>cup (mLs) | Size<br>of<br>50¢ | More<br>than<br>50¢ | Need<br>pad<br>change | rating<br>(0-3) | Comments  |  |  |
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|               |               |        |   |                   |                     |                       |                 |   |  |  |
|               |               |        |   |                   |                     |                       |                 |   |  |  |
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|               |               |        |   |                   |                     |                       |                 |   |  |  |
|               |               |        |   |                   |                     |                       |                 |   |  |  |
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|               |               |        |   |                   |                     |                       |                 |   |  |  |
|               |               |        |   |                   |                     |                       |                 |   |  |  |
|               |               | FLUID  | URINE<br>TOTAL                                |                   |                     | 10                    |                 |   |  |  |