

Day 3						
Time	Fluid Intake		Urination		Leakage	
	What kind?	How much?	How urgent	How much?	Did you leak?	Why did you leak?
Example	Coffee	250 ml	1-3	50 ml	Yes	U
6 – 7 am						
7 – 8 am						
8 – 9 am						
9 – 10 am						
10 – 11 am						
11 – 12 midday						
12 – 1 pm						
1 – 2 pm						
2 – 3 pm						
3 – 4 pm						
4 – 5 pm						
5 – 6 pm						
6 – 7 pm						
7 – 8 pm						
8 – 9 pm						
9 – 10 pm						
10 – 11 pm						
11 – 12 midnight						
12 – 1 am						
1 – 2 am						
2 – 3 am						
3 – 4 am						
4 – 5 am						
5 – 6 am						

Bladder Diary

How to complete the bladder diary

We use this bladder diary to assess your fluid intake and how often you pass urine during the day and night. It will help your healthcare professional to better understand your symptoms.

Please complete the bladder diary for 3 days in a row using fairly typical days (choose any three days to suit you). You must complete the chart as fully as possible and bring it with you to your next appointment with your healthcare professional.

What you will need to fill in the chart

You will need a measuring jug to measure the urine you pass. This should be able to measure in millilitres (ml) and should hold at least 500ml.

How you should fill in the chart

Fluid Intake

Every time you have a drink, record what type of drink it is, for example coffee, and how much you have had ideally in ml or if this is not possible an item such as a cup, mug or can. You may find it easier to measure how much a mug or cup holds and estimate the fluid intake by always using the same cup.

Urination

Each time you pass urine you will need to urinate into your jug. This is so that you can measure how much urine you pass. Write down the appropriate amount, for example 150ml, in the correct time slot in the chart.

Urgency

- Please also record how urgently you needed to urinate using a scale of 1 to 3 where:
- = I could postpone urinating as long as necessary without fear of wetting myself.
 - = I could postpone urinating for a short while without fear of wetting myself.
 - = I could not postpone urinating but had to rush to the toilet in order not to wet myself.

Leakage

In the last two columns please record any wet episodes. If you leak urine, tick the box and write the time that you leaked in the time column. You can record the reason for the leak in the other leakage column using the key below:

- U = Did not get to the toilet in time.
- S = Cough, sneeze, movement or exercise.
- O = Other/not known (if known please record).

Time spent in bed

In the first column, please also mark the time you went to bed (B) and the time you got up (A).

Day 1						
Time	Fluid Intake		Urination		Leakage	
	What kind?	How much?	How urgent	How much?	Did you leak?	Why did you leak?
Example	Coffee	250 ml	1-3	50 ml	Yes	U
6 – 7 am						
7 – 8 am						
8 – 9 am						
9 – 10 am						
10 – 11 am						
11 – 12 midday						
12 – 1 pm						
1 – 2 pm						
2 – 3 pm						
3 – 4 pm						
4 – 5 pm						
5 – 6 pm						
6 – 7 pm						
7 – 8 pm						
8 – 9 pm						
9 – 10 pm						
10 – 11 pm						
11 – 12 midnight						
12 – 1 am						
1 – 2 am						
2 – 3 am						
3 – 4 am						
4 – 5 am						
5 – 6 am						

Day 2						
Time	Fluid Intake		Urination		Leakage	
	What kind?	How much?	How urgent	How much?	Did you leak?	Why did you leak?
Example	Coffee	250 ml	1-3	50 ml	Yes	U
6 – 7 am						
7 – 8 am						
8 – 9 am						
9 – 10 am						
10 – 11 am						
11 – 12 midday						
12 – 1 pm						
1 – 2 pm						
2 – 3 pm						
3 – 4 pm						
4 – 5 pm						
5 – 6 pm						
6 – 7 pm						
7 – 8 pm						
8 – 9 pm						
9 – 10 pm						
10 – 11 pm						
11 – 12 midnight						
12 – 1 am						
1 – 2 am						
2 – 3 am						
3 – 4 am						
4 – 5 am						
5 – 6 am						