**3 DAY - BLADDER DIARY**

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

**DAY 1 DATE:**

**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.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | √ |

**Here is an example of how to complete the diary:**

**3 DAY - BLADDER DIARY**

**DAY 2 DATE:** **DAY 3 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 |  |  |  |  |  |
| 7am |  |  |  |  |  |
| 8am |  |  |  |  |  |
| 9am |  |  |  |  |  |
| 10am |  |  |  |  |  |
| 11am |  |  |  |  |  |
| Midday |  |  |  |  |  |
| 1pm |  |  |  |  |  |
| 2pm |  |  |  |  |  |
| 3pm |  |  |  |  |  |
| 4pm |  |  |  |  |  |
| 5pm |  |  |  |  |  |
| 6pm |  |  |  |  |  |
| 7pm |  |  |  |  |  |
| 8pm |  |  |  |  |  |
| 9pm |  |  |  |  |  |
| 10pm |  |  |  |  |  |
| 11pm |  |  |  |  |  |
| Midnight |  |  |  |  |  |
| 1am |  |  |  |  |  |
| 2am |  |  |  |  |  |
| 3am |  |  |  |  |  |
| 4am |  |  |  |  |  |
| 5am |  |  |  |  |  |