

Bladder Diary

Name: _____

Instructions:

Please complete this diary for 3 days. Enter each column like the example:

Drinks:

Please list the amount you had to drink and the type of drink

Urine output / Leakage:

Please enter the amount of urine passed and check the Leakage column if leakage.

Change Pad:

Please check if you need to change a wet pad

Bladder Sensation:

Describes how your bladder felt when you were using the toilet or leaking. Please note if your bladder woke you up.

Sleep:

Please write "Bed" and "Woke" in the time column to show when you were asleep

Example:

| Time | Drinks | | Urine Amount (ml) | Leakage (check) | Change Pad (check) | Sensation Code |
|-------|-------------|--------|-------------------|-----------------|--------------------|----------------|
| | Amount (ml) | Type | | | | |
| 6 am | | | 300 ml | | | 3 |
| 7 am | 75 ml | Coffee | | | | |
| 8 am | | | | ✓ | | 1 |
| 9 am | | | | ✓ | ✓ | 5 |
| 10 am | | | 55 ml | | | 4 |
| 11 am | | | | | | |

Day One: Date _____

| Time | Drinks | | Urine Amount (ml) | Leakage (check) | Change Pad (check) | Sensation Code |
|-------|-------------|------|-------------------|-----------------|--------------------|----------------|
| | Amount (ml) | Type | | | | |
| 6 am | | | | | | |
| 7 am | | | | | | |
| 8 am | | | | | | |
| 9 am | | | | | | |
| 10 am | | | | | | |
| 11 am | | | | | | |
| Noon | | | | | | |
| 1 pm | | | | | | |
| 2 pm | | | | | | |
| 3 pm | | | | | | |
| 4 pm | | | | | | |
| 5 pm | | | | | | |
| 6 pm | | | | | | |
| 7 pm | | | | | | |
| 8 pm | | | | | | |
| 9 pm | | | | | | |
| 10 pm | | | | | | |
| 11 pm | | | | | | |
| Mid | | | | | | |
| 1 am | | | | | | |
| 2 am | | | | | | |
| 3 am | | | | | | |
| 4 am | | | | | | |
| 5 am | | | | | | |

Sensation Code:

- 0-Did not need to go, went just in case
- 1-Leakage with cough/bounce/laugh etc.
- 2-Normal desire to pass urine
- 3-Had urgency, but went away
- 4-Had urgency, but got to toilet before leaking
- 5-Had urgency and leaked
- 6-Bladder woke me from sleep

Day Two: Date _____

| Time | Drinks | | Urine Amount (ml) | Leakage (check) | Change Pad (check) | Sensation Code |
|-------|-------------|------|-------------------|-----------------|--------------------|----------------|
| | Amount (ml) | Type | | | | |
| 6 am | | | | | | |
| 7 am | | | | | | |
| 8 am | | | | | | |
| 9 am | | | | | | |
| 10 am | | | | | | |
| 11 am | | | | | | |
| Noon | | | | | | |
| 1 pm | | | | | | |
| 2 pm | | | | | | |
| 3 pm | | | | | | |
| 4 pm | | | | | | |
| 5 pm | | | | | | |
| 6 pm | | | | | | |
| 7 pm | | | | | | |
| 8 pm | | | | | | |
| 9 pm | | | | | | |
| 10 pm | | | | | | |
| 11 pm | | | | | | |
| Mid | | | | | | |
| 1 am | | | | | | |
| 2 am | | | | | | |
| 3 am | | | | | | |
| 4 am | | | | | | |
| 5 am | | | | | | |

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Day Three: Date _____

| Time | Drinks | | Urine Amount (ml) | Leakage (check) | Change Pad (check) | Sensation Code |
|-------|-------------|------|-------------------|-----------------|--------------------|----------------|
| | Amount (ml) | Type | | | | |
| 6 am | | | | | | |
| 7 am | | | | | | |
| 8 am | | | | | | |
| 9 am | | | | | | |
| 10 am | | | | | | |
| 11 am | | | | | | |
| Noon | | | | | | |
| 1 pm | | | | | | |
| 2 pm | | | | | | |
| 3 pm | | | | | | |
| 4 pm | | | | | | |
| 5 pm | | | | | | |
| 6 pm | | | | | | |
| 7 pm | | | | | | |
| 8 pm | | | | | | |
| 9 pm | | | | | | |
| 10 pm | | | | | | |
| 11 pm | | | | | | |
| Mid | | | | | | |
| 1 am | | | | | | |
| 2 am | | | | | | |
| 3 am | | | | | | |
| 4 am | | | | | | |
| 5 am | | | | | | |

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