3 DAY BLADDER DIARY

Name:

Date of Birth:

Please complete waist measurements in (CM).....

NHS No:

Please complete this 3 day bladder diary.

Time: Write **BED** when you went to bed and **WOKE** when you woke up. Please note you can change the times on the diary if you need to.

Drinks: Write the amount you had to drink and the type of drink.

Urine Output: Enter the amount of urine you passed in millilitres (mls) day and night. Any measuring jug will do. If you passed urine but couldn't measure it, put a tick in this column. If you leaked urine at any time write **LEAK** here.

Bladder Sensation: Write a description of how your bladder felt when you went to the toilet using these codes:

A. If you had no sensation of needing to pass urine, but passed urine for "social reasons", for example, just before going out, or unsure where the next toilet is.
B. If you had a normal desire to pass urine and no urgency. *"Urgency" is different from normal bladder feelings and is the sudden compelling desire to pass urine which is difficult to defer, or a sudden feeling that you need to pass urine and if you don't you will have an accident.*
C. If you have urgency but it had passed away before you went to the toilet.
D. If you had urgency but managed to get to the toilet in time, still with urgency, but did not leak urine.
E. If you had urgency and could not get to the toilet in time so you leaked urine.

Pad Weight in Grams: If this is not possible, record the time you leak urine and the amount: **+ =DAMP, ++ =WET, +++ =SOAKED**

Example of how to complete the diary:

Time	Drinks		Urine Output (mls)	Bladder Sensation	Pads Weight (gms)
	Amount (mls)	Type			
6am WOKE			350ml	B	
7am	300ml	tea			
8am			✓	B	
9am					
10am	cup	water	Leak	C	298g
TOTAL					

Drink volume guide (in mls):		
Small cup:		150mls
Mug:		300mls
Small Glass / Large Glass:		200mls / 300mls
Beaker:		200mls

DAY 1 DATE……

Time	Drinks		Urine output (mls)	Bladder sensation	Pad weight (gms)
	Amount (mls)	Type			
6am					
7am					
8am					
9am					
10am					
11am					
Noon					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12am					
1am					
2am					
3am					
4am					
5am					
TOTAL					

DAY 2 DATE……

Time	Drinks		Urine output (mls)	Bladder sensation	Pad weight (gms)
	Amount (mls)	Type			
6am					
7am					
8am					
9am					
10am					
11am					
Noon					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12am					
1am					
2am					
3am					
4am					
5am					
TOTAL					

DAY 3 DATE……

Time	Drinks		Urine output (mls)	Bladder sensation	Pad weight (gms)
	Amount (mls)	Type			
6am					
7am					
8am					
9am					
10am					
11am					
Noon					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12am					
1am					
2am					
3am					
4am					
5am					
TOTAL					