

BLADDER DIARY

(Adapted from the British Association of Urological Surgeons document)

Frequently-Asked Questions

What is a bladder diary?

It is a record of your fluid intake, urine output and incontinence episodes over 24 hours, which will help us in making decisions about the management of your urinary problems. It is also referred to as the Input/Output or Frequency/Volume chart in some departments.

How long do I need to complete it for?

You should do it over 3 consecutive, fairly typical days (e.g. do not include days when you have been partying out and the fluid intake/urine output may not have been representative).

How do I record my fluid intake?

Measure a cup, mug or tumbler (glass) in millilitres (ml) and drink from the same over the 3-day period. Every time you have a drink, enter the amount (in ml) into the appropriate time-slot of the "In" section.

How do I record my urine output?

You will have to pass urine into a measuring jug over this 3-day period. Every time you want to pass urine, do so into this measuring jug and make a note of the amount (in ml) before discarding. Now enter this amount (in ml) into the appropriate time-slot of the "Out" section. If you, for some reason, cannot measure the amount of urine you passed, simply tick the appropriate box.

The Diary is overleaf

How do I document my urine leakage?

If you have any leakage, please mark the "Wet" box against the time-slot as follows:

- + for a small amount
- ++ for a moderate amount
- +++ for a large amount

What should I do with the completed bladder diary?

Please bring it with you to your next appointment with the doctor or nurse, who will make a note of the findings and file it in the notes.

Thank you for completing this bladder diary.

	Day 1			Day 2			Day 3		
Time	In	Out	Wet	In	Out	Wet	In	Out	Wet
06.00 hrs									
07.00									
08.00									
09.00									
10.00									
11.00									
12.00									
13.00									
14.00									
15.00									
16.00									
17.00									
18.00									
19.00									
20.00									
21.00									
22.00									
23.00									
Midnight									
01.00									
02.00									
03.00									
04.00									
05.00									
Total	In	Out	Wet	In	Out	Wet	In	Out	Wet
Frequency D/N									

Bedtime - Please indicate your bedtime with an arrow (→) to the left of the time-slot. Thank you.

Your name.....and hospital number (if known).....