

Bladder and Fluid Intake Diary

Thank you for completing this bladder diary. It helps your Doctor to assess your symptoms and design an appropriate treatment plan for you.

Please complete this bladder diary for **48 hours over two consecutive days**. Aim to start when you wake up on the first day and continue for just over 48 hours, finishing with the first pee of the 3rd day.

What to record under Bladder Function:

1. The **Time** you went to the toilet. Example: 7.00am
2. The **Amount** of urine passed in **mls**.
3. Rate how strong your **Urge** to pass urine was from **0-4**, using the key below:
0 = No sensation of urine in bladder, could delay indefinitely
1 = A sensation of urine but no desire to void. Could delay 1hr
2 = Mild – moderate desire to void. Could delay 30 mins
3 = Strong desire to void. Could not delay longer than 15 mins
4 = Urgent desire to void. Unable to delay 5 mins
4. Any leakage on the way to the toilet:
D = Damp (Smaller than a 50c piece)
W = Wet (Larger than a 50c piece)
S = Soaked (wets through to outer layer)

What to record under Fluid Intake:

1. The **Time** you had a drink. Example: 7.30am
2. The **type of fluid** you drank. Example: Coffee, Water, Juice, Tea
3. The **Amount** of fluid you drank in **mls**.

Day 1 Date: ____/____/____ Patient Name: _____

Start with the FIRST pee when you get up in the morning and include overnight pee's.

Bladder Function			
Time	Urine Vol	Urge 0-4	D / W / S

Fluid Intake		
Time	Fluid Type	Fluid Vol

Day 2 Date: ____/____/____

Start with the FIRST pee when you get up in the morning and include overnight pee's.

Bladder Function			
Time	Urine Vol	Urge 0-4	D / W / S

Fluid Intake		
Time	Fluid Type	Fluid Vol

Day 3: Date: _____ 1st Void Time: _____ Volume: _____ mls Urge: _____ D / W / S