

## BLADDER DIARY

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The name of any prescribed diuretic (water tablet) you take: \_\_\_\_\_

What time do you take the above medicine (if any): \_\_\_\_\_

What time is bedtime? \_\_\_\_\_

What time do you get up for the day? \_\_\_\_\_

1. Write down the volume each time you have a drink and the type of fluid.
2. Each time you pass urine, measure and write this on the chart. If unable to measure, place a tick in the column. If you have leaked urine, place a tick in the leakage column.
3. When you put on a clean pad, write this in the pad changes column.
4. Use a new chart each day and complete for a minimum of 3 days.

	Drinks		Urine output		Pad changes Record when applying new pad
	Volume	Type of fluid	Volume	Leakage	
6am					
7am					
8am					
9am					
10am					
11am					
12am					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12pm					
1am					
2am					
3am					
4am					
5am					
TOTAL					

For Assessors use:

Fluid intake

Number of drinks in 24 hours	
Volume in 24 hours	
Caffeinated drinks	

Urine output and incontinence

Number of voids each day	
Number of voids each night	
Maximum void	
Incontinent episodes	

Pad use

Product name	Number used in 24 hours