Knox Private Hospital Frances Perry House Epworth Eastern Epworth Freemasons St John of God Berwick

THREE DAY BLADDER DIARY

This diary will help Dr Singh figure out the causes of your bladder control issues and can be used to check your progress over time.

Please bring this completed bladder diary to your next appointment or as advised by Dr Singh.

HOW TO FILL IN YOUR DIARY

Please record your input (fluid intake) and output (from bladder) for a 3 full days including both day-time and night time.

FLUID INTAKE:

Every time you have a drink, record:

• The time

NAME:

- The amount of fluid in millilitres (mls)
- The type of fluid e.g. water, coffee, soup

FLUID OUTPUT:

Every time you pass urine, record:

- The time
- The amount of urine in millilitres (ml) which is measured by placing a container in the toilet and pouring your collected urine into a measuring jug.
- Any leakage by ticking () small or large. Leave this section blank if there was no leakage.

COMMENTS:

DATE:

Write anything you think is relevant under Comments. Such as:

- Why you went to the toilet e.g.
 'Just in case', going to bed, urge to go, passing a bowel motion
- Reason for any urgency e.g. 'Key in door', washing dishes
- Reason for any urinary leakage e.g. urgency, cough

	FLUID INTA	KE			FLUI	D OUT	PUT
Time	Time Fluid In (mls) Type		Time	Urine Passed (mls)	Urine Leakage		Comments/Reasons for Urine Leakage
					Small	Large	

NAME:						DATE:			
	FLUID INTA	KE	FLUID OUTPUT						
Time	Time Fluid In (mls) Type		Time	Urine Passed (mls)	Urine Leakage		Comments/Reasons for Urine Leakage		
					Small	Large			
				'					
NAME:							DATE:		

	FLUID INTAKE			FLUID OUTPUT				
Time	Fluid In (mls)	Туре	Time	Urine Passed (mls)	Urine Leakage		Comments/Reasons for Urine Leakage	
					Small	Large		

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