BLADDER DIARY







The urine bladder diary gives your Health Care Professional a picture of your level of bladder weakness. Keeping an accurate and thorough diary will provide a clearer picture of your individual situation. **Keep the diary for at least a week** before seeing your Health Care Professional and **take it to your next appointment.**

Instructions for completing your diary:

	Record the date and time of day when you have urinated or leaked.	Tick yes if you have urinated in the toilet.	Tick leakage (none/damp/ wet).	Indicate if you changed pad or clothing.	Note activity at the time of any leakage.	Record fluid intake, urine output.	
Urinated		Toilet (tick)	Leakage (tick)	Change (tick)	Activity	Fluid	

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Urinated		Toilet (tick)		Leakage (tick)		Change (tick)		Activity	Fluid		
Date	Time	Yes	No	None	Damp	Wet	Pad	Clothing		Intake	Output
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Urinated Date Time		Toilet (tick) Yes No		Leakage (tick) None Damp Wet		Change (tick)		Activity	Fluid		
						Pad Clothing			Intake	Output	
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