Bladder Diary

Keep this diary accurately each day, for at least 3 days (If you can, make these 3 consecutive days.)

If you have not already spoken to your doctor or continence nurse about a bladder control problem, it could be helpful to take this diary with you to an appointment.

Name _____

Day and times passed urine, or times of any **leakage episodes**	**Amount of urine passed***	**Did you feel the urge to go?** Yes/No Urgency 1-10 (10 is severe urge)	**Leakage episodes** Small, Medium or Large) ▼ and record **times** in left hand column ◀	**Fluid intake** Note types of drinks & amounts (record total of drinks over 24 hrs)	**Bowel function check** Record day/times when bowel motion passed	**Notes** about when you urinate or leakage happened (eg "when I arrived home and put the key in the door", "when I was out walking …", "didn't feel like I emptied", or "leaked before I got to the toilet", and similar. You could also list any drinks or foods you suspect might be irritating the bladder, and include comments about your diet or digestion, etc.)

* In the toilet, wee into a large plastic container, then tip into a measuring jug. Record the amount before flushing urine.

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