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**[1]	**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.)

NATIONAL CONTINENCE HELPLINE 1800 33 00 66

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[1] 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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