Bladder Diary

Name: **Starting Date:**

Time		DAY 1			DAY 2			DAY 3		
		Beverage	Urine	Leakage	Beverage	Urine	Leakage	Beverage	Urine	Leakage
Morning	6 AM									
	7 AM									
	8 AM									
	9 AM									
	10 AM									
	11 AM									
	12 Noon									
Afternoon	1 PM									
	2 PM									
	3 PM									
	4 PM									
	5 PM									
Evening	6 PM									
	7 PM									
	8 PM									
	9 PM									
Night	10 PM									
	11 PM									
	12 Night									
	1 AM									
	2 AM									
	3 AM									
	4 AM									
	5 AM									
Total Volume										

This record is designed to help assessing your bladder behaviour during your normal walks of life. (Home, work or any other place you happen to be during the periods of filling this diary). By filling in this form completely and correctly, you will help us to diagnose your condition. This record is likely to help you to understand your bladder and its relationship with the beverage intake. This will help you to set goals and make appropriate changes in beverage intake that may help to overcome your bladder problems.

Please maintain this diary for atleast three days as per the following instructions

The column marked as 'TIME' shows a slot for every hour during a 24 hours period. Just record the event in the appropriate row every hour whenever there is an episode of drinking, urination or wetting.

Beverages: Please record what and how much you drink (cup = 150 ml ;   Mug = 250ml)

Urine: Record the amount of urine passed (Please measure with a jug to get the accurate amount)

Leaks :   Please record if you experience any leakages.   Use the measures like P or C or PAD
                      (P = needed to change pants   C = needed to change Clothing   PAD = Pad Changed)

For further information please visit www.Teesurology.org