



the women's
the royal women's hospital

Three Day Bladder Diary

UR number _____

Surname _____

Given name/s _____

Date of birth / / Gender

(AFFIX PATIENT LABEL)

Please record your input (fluid intake) and output (from your bladder) **for 3 full days** including both the day-time and night-time. This information will assist the hospital staff and can be used to check your progress over time.

How to fill in your diary:

INPUT – drinks. Every time you have a drink, record:

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

OUTPUT – urine. Every time you **pass urine**, record:

- The **time**
- **The amount of fluid** in millilitres (ml) (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.

COMMENT - 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

PLEASE BRING THIS BACK TO YOUR NEXT HOSPITAL APPOINTMENT

Day 1 Date / /

INPUT – drinks			OUTPUT – urine				
Time	Amount of fluid (ml)	Type	Time	Amount of urine passed (ml)	Urine leakage		Comments/reason for urine leakage
					Small	Large	



THREE DAY BLADDER DIARY

OP/10

