

BLADDER DIARY

The bladder diary will help you provide valuable information about your symptoms. It will help you keep track of how much you drink, how often and the amount you urinate each time you go to the bathroom. It will also help you keep track of how often you leak urine. When you are sitting in the examination room, it is frequently difficult to accurately recall this information. Your diary will be of great help to you and your physician.

You may find that the act of completing the bladder diary is actually a valuable diagnostic and treatment tool. You may find that you are not leaking urine because you've trained yourself to void every 30 minutes to prevent your bladder from getting very full. Or you might see that you

are drinking an incredible amount of fluids, especially in the evening, and this might explain your need to urinate during the night. You and your physician can look at the diary together and perhaps discover some simple alterations in habits which might help. Bladder diaries completed after these simple alterations provide you with feedback about the effectiveness of treatment.

Please be as accurate as possible with your diary, and provide all the information for the number of diary days you have been requested to complete. Keep your diary with you during those days and write down the events as they happen. This will help to determine the best therapy or combination of therapies that is right for you.

Instructions:

Please record each time you drink fluids, each time you urinate in the toilet, and each time you accidentally leak urine. Do this for the number of days we have requested you to complete. Choose days when you can keep track all of this information for the entire day, and record the information as it happens.

Time

- Place any information about intake, urinating or leakage in the row corresponding to the time it occurred

Drinks

- "What kind?" – Record the type of beverage, such as milk, juice, water, or alcoholic drink. Write "caf" or "decaf" for beverages such as coffee, tea or soft drinks
 - "How much?" – Keep in mind that a cup is not the same as a mug, and glasses vary in size. Fill your usual cup, mug or glass with water, and then pour it into a measuring cup to get an accurate measure of the amount of fluid you are drinking.
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Urination

- “Times you urinated” – refers to the number of times you went to the toilet to “pee” during that time.
- “How much” – although inconvenient, it is very important to measure the amount you urinate, either cup, ounces, cc’s. Once your urine has gone into the commode, it is impossible to estimate the amount. “A lot” is not at all useful in evaluating your bladder habits. You may be given you a urine hat that measures the amount you urinate with each trip to the bathroom.

Accidental Leaks

- “Accidental leaks” – include the loss of any amount of urine, and note if the amount lost was small, medium or large. If you normally wear a pad, change it whenever you find yourself damp or feel yourself leaking. This will increase your awareness when you are leaking and improve the accuracy of the diary.
- “Strong urge” – refers to a sudden urge to void, whether you made it to the bathroom to void or lost urine on the way to the bathroom.
- “What were you doing?” – please describe what you were doing when you accidentally leaked urine, for example, coughing, sneezing, laughing, reaching, jumping, lifting, rising from a chair, hearing water running, etc.

If the bladder diary is still confusing to you, please call our office. We’ll be happy to answer your questions.

Please bring the completed diary with you to your appointment.

If you have been asked to complete this diary to see if you might qualify for a specific treatment, please take the time to complete it for the requested number of days. This is important so that we will have the information needed to determine if the treatment is a good choice for you. It is also required by some insurance providers to demonstrate the need for the procedure. Without this information, the insurance provider may deny payment for the treatment.



This diary helps you keep a 24 hour record of your fluid intake and output and leakages. The "Sample" line shows how to use the diary.
(Set your printer page setup to "landscape" before printing.)

DAILY BLADDER DIARY for: <input type="text" value="Your Name"/>											Date <input type="text"/>	
Time	Drinks		Urination		Accidental Leaks			ACCIDENTS				
	What kind?	How much?	How many times did you go?	How much? (ml's or oz's)	How much? (x) small medium large			Did you have a strong urge to go? Circle one		What were you doing when you leaked? Sneezing, exercising, having sex, lifting		
Sample	MILK	1 CUP	3	5 OZ.		x		Yes	<input checked="" type="radio"/> No	RUNNING		
6-7 a.m.								Yes	No			
7-8 a.m.								Yes	No			
8-9 a.m.								Yes	No			
9-10 a.m.								Yes	No			
10-11 a.m.								Yes	No			
11-12 p.m.								Yes	No			
12-1 p.m.								Yes	No			
1-2 p.m.								Yes	No			
2-3 p.m.								Yes	No			
3-4 p.m.								Yes	No			
4-5 p.m.								Yes	No			
5-6 p.m.								Yes	No			
6-7 p.m.								Yes	No			
7-8 p.m.								Yes	No			
8-9 p.m.								Yes	No			
9-10 p.m.								Yes	No			
10-11 p.m.								Yes	No			
11-12 p.m.								Yes	No			
12-1 a.m.								Yes	No			
1-2 a.m.								Yes	No			
2-3 a.m.								Yes	No			
3-4 a.m.								Yes	No			
4-5 a.m.								Yes	No			
5-6 a.m.								Yes	No			