DR	MARCUS	CAREY	FRACOG
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UR number:	
Surname:	
First name:	
Date of birth:	

Three-day bladder diary

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

How to fill in your diary:

INPUT – fluid intake

- o Every time you have a drink, record:
 - The *time*
 - The amount of fluid in millilitres (ml)
 - The *type* of fluid eg. water, coffee, soup

OUTPUT – urine

- o Every time you pass urine, record:
 - The *time*
 - The amount of urine in millilitres (measured by placing a container in the toilet and pouring your collected urine into a measuring jug)
 - Any leakage by ticking damp, wet or soaked. Leave this section blank if there wasn't any leakage.

Comments

- o Write anything that you think is relevant under **Comments**, such as:
 - Why you went to the toilet (eg. 'just in case', going to bed, urge to go, passing a bowel motion).
 - Reason for any urgency (eg. 'key in the door', washing the dishes).
 - Reason for any urinary leakage (eg. urgency, cough).

Please bring this bladder diary back to your next appointment.

Day 1 Date ____/___/___

INPUT – fluid intake			OUTPUT – urine						
Time	Amount of	Туре	Time	Amount of urine	Urine Leakage			Comments / reason for urine	
	fluid (ml)			passed (ml)	Damp	Wet	Soaked	leakage	

INPUT -	- fluid intake		OUTPUT – urine							
Time	Amount of	Туре	Time	Amount of urine	Urine leakage			Comments / reason for urine		
	fluid (ml)			passed (ml)	Damp	Wet	Soaked	leakage		
					1					
			1							
					1					

Day 3 Date ____/____

INPUT -	fluid intake		OUTPUT – urine						
Time	Amount of	Туре	Time	Amount of urine passed (ml)	Urine leakage			Comments / reason for urine	
	fluid (ml)				Damp	Wet	Soaked	leakage	
					1				