

DAY 3

DAY 3					
	Fluid Intake	Urination		Leakage	
Time	How much did you drink (ml)	Urine passed	Sudden strong need to urinate?	Did you leak? Please tick	Why did you leak? see instructions
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		

Bladder Diary

Fluid intake

In this column please record how much fluid you drink, ie, coffee, tea, water, wine, etc.

Each time you drink, record how much you have drunk and record the time that you had the drink in the Time column. You may find it easier to measure how much a mug or cup holds and estimate the fluid intake by always using the same cup.

Urination

In this column you should record the amount of urine passed. Each time you pass urine, record the volume passed (in ml) and write the time that you passed it in the first column. For this you will need to buy a small plastic measuring jug. Please also record during the night.

Where it is not possible to measure the volume, for example, if you are out shopping, please tick the box to show that you have passed urine.

Leakage

In these two columns you record any wet episodes. If you leak urine, tick the box and write the time that you leaked in the time column. You can record the reason for the leak in the other leakage column using the key below:

U = Did not get to the toilet in time

S = cough, sneeze, movement or exercise

O = Other/not known

Time spent in bed

In the first column, please also mark the time you went to bed (B) and the time you got up (A).

DAY 1					
	Fluid Intake	Urination		Leakage	
Time	How much did you drink (ml)	Urine passed	Sudden strong need to urinate?	Did you leak? Please tick	Why did you leak? see instructions
10.30am	200ml	150ml	<input checked="" type="radio"/> Yes / No	<input checked="" type="checkbox"/>	U
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		

DAY 2

	Fluid Intake	Urination		Leakage	
Time	How much did you drink (ml)	Urine passed	Sudden strong need to urinate?	Did you leak? Please tick	Why did you leak? see instructions
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		