



Bladder Diary

Please complete your bladder diary each day for three (3) continuous days.

Name: _____

URINE					DRINKS		
Date/Time	Amount in mL	How strong was the urge to go? 0, +, ++	Did you experience accidental leakage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments? What were you doing?	Time	Amount in mL or cups	Type – what kind?
Tuesday 6:30am	150mL	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Got out of bed	7:00am	500mL 2 cups	Tea
The above "sample" line shows you how to use your diary.							
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Please turn over the page for further information

Bladder Diary

Instructions for completing the bladder diary

A bladder diary helps show your bladder pattern of urinating. It is very important that you complete it accurately, so that the health professional can assist you manage any symptoms. Three days in a row is best, however, one fully completed 24 hour diary is a suitable minimum.

On the chart you need to record:

- When you got out of bed in the morning, write “got out of bed” in the comments column.
- During the day
 - Enter time, amount and type/kind of all drinks you have during the day, e.g. 7:00 am – two cups of tea or coffee (total 500 mL)
 - The time you pass your urine, e.g. 6:30 am. Do this every time throughout the day and night.
- Each time you pass urine, collect the urine in a measuring jug and record the amount (in mL or cups) next to the time. To do this easily, place a large plastic container in the toilet bowl to catch the urine. When finished, the urine can then be poured into a measuring jug and the amount measured. This will allow you to sit or stand comfortably and naturally to pass urine.
- Each time you pass your urine, please write down how urgent was the need to pass urine:
 - 0 = not urgent.
 - + = I had to go within 10 minutes.
 - ++ = I had to stop what I was doing and go to the toilet.
- Please record in the accidental leak column:
 - Any time you leak urine.
 - If you have to change a pad.
 - If you have to change your underclothes or out clothes.
 - If you wet the bed or chair.
- If you do leak, please write in the “comments” column whether you leaked a small amount or a large amount and what you were doing, e.g. “leaked small amount when I sneezed, coughed or exercised, etc”.
- Record bowel movements in the “comments” column.
- When you go to bed at the end of the day, show it in the diary – write “went to bed”.
- When you are ready to go to sleep, write “ready for sleep”.

MASS Service Centre Contact Details

Medical Aids Subsidy Scheme Telephone: 07 3136 3665 Email: MASS-ContinenceAids@health.qld.gov.au
Website: health.qld.gov.au/mass Fax: 07 3136 3666 PO Box 281, Cannon Hill QLD 4170