



## INSTRUCTIONS

YOU HAVE BEEN ASKED BY YOUR Doctor or nurse to complete a bladder diary. Please do this for at least 3 days as each day can be very different.

- **TIME.** It is important to record what time you get out of bed in the morning and go to bed at night. This will allow the Nurse or Doctor to see how disturbed your sleep was as well as seeing when you pass the most urine.

**FLUID IN** please add all the fluid you take in as well as the type of fluid you have..you should including soups..etc

- **FLUID OUT** . use any cheap jug/ measuring devise to pass your urine into. Please use mils
- 
- **LEAK** If you leak urine before making it to the bathroom, record the leakage as damp, soaked, or emptied. OR √√√
- 
- **WHAT WERE YOU DOING WHEN YOU LEAKED.** If you have a leak, record what kind of activity you were doing at the time of the leak, such as if you were coughing or laughing. Or was it a strong urge

PLEASE FREE TO PRINT OUT AS MANY SHEETS AS NEEDED