

Bladder Diary Sample



This simple chart allows you to record the fluid you drink and the urine you pass over 3 days (not necessarily consecutive) in the week prior to your clinic appointment. This can provide valuable information.

Please fill in approximately when and how much fluid you drink and the type of liquid.

Please fill in the time and amount (in mls, or ounces) of urine passed, and mark with a star if you have leaked or mark with a "P" if you have needed to change your pad.

Here is an example of a filled chart to help you complete your own more easily.

Date/Time DD.MM.YY	Liquid Intake (ml)	Volume of Urine (ml)	Leaks	Pad Change
21.02.06			*	
0215		150		
0715		250		
0800	1 cup of coffee			
0820		60	*	P
0930	Cup orange juice		*	
1000		100		
1200	2 mugs coffee			
1400		300		
1430		20		
1530	Cup of tea 200ml	200		
1600				
1800	Cup of tea 200ml		*	P
1900		100	*	
2000	Glass beer 200ml	20		
2030	Glass wine 50ml		*	
2200				P
2300		150		

Date/Time DD.MM.YY	Liquid Intake (ml)	Volume of Urine (ml)	Leaks	Pad Change



The information contained in this brochure is intended to be used for educational purposes only. It is not intended to be used for the diagnosis or treatment of any specific medical condition, which should only be done by a qualified physician or other health care professional.

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