Surname	
First Name	
Date	//

### HOW TO FILL IN YOUR BLADDER DIARY

- 1. Please complete your bladder diary over three days, (three 24 hour periods).
- 2. These do not have to be consecutive days. Choose convenient days.
- 3. Please measure and record in this diary both the amount you drink and the amount of urine each time you void.
- 4. Then discard all urine.
- 5. It is recommended you purchase a 1 litre plastic jug for this purpose.

#### WHAT ELSE SHOULD I KNOW?

This chart is an important part of your assessment. Please bring it with you to your next visit or return it by email to: info@continencematters.com



# INPUT & OUTPUT BLADDER DIARY

# CONTINENCE



Calvary North Adelaide Hospital 89 Strangways Tce North Adelaide SA 5006 Phone (08) 8239 9109 Fax (08) 8239 9464 © Continence Matters 2017

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## DAY 1

TIME DRINKS URINE		
	Volume In	Volume Out
	(ml)	(ml)

	DAY 2			
TIME	DRINKS Volume In (ml)	URINE Volume Out (ml)		

### DAY 3

TIME	DRINKS Volume In (ml)	URINE Volume Out (ml)

L: Mark with a 'L' when you experience leakage of urine.

\* Mark with a star when you go to bed with the intention of sleeping each night.

# Mark with a hash when you awake each morning with the intention of getting up.