

Instructions

Bladder Diary - Record the following:

Please complete over 2 CONSECUTIVE DAYS

If you have trouble catching urine ask your doctor/ pharmacist for some specimen jars.

Time	The time that you drink, pass urine or have anything to note. This can include what you were doing when the symptoms occur, e.g. urgency when putting the key in the door
Urine passed	Please measure how much you pass (wee) or leak (in ml) - (we suggest you use a plastic measuring jug)
Drinks	How much you drink. If you use 'cups' could you measure how many ml are in your standard cup.
What you drink	The ingredients of some drinks irritate the bladder, e.g. cola, tea, coffee

Note if:

1. Urine burns
2. You have to go a lot of time per day
3. You leak (small, medium, large) or if the urine leaves a stain on your underwear.
4. You have a bowel action at the same time as you pass urine.



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Bladder Diary

Patient Name:

Time and Volume Record

Date Day 1

Date Day 2

This bladder diary is very important. It allows your doctor to see how your bladder and kidneys function.

Please take the time to complete as accurately as possible.

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DAY 1

Time	Urine	Drink	Kind of Drink	Notes

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DAY 2

Time	Urine	Drink	Kind of Drink	Notes

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