



Bladder diary

This diary allows you to track your bladder symptoms. The information can help you and your healthcare provider understand your bladder activity, which is important in diagnosing bladder conditions, making treatment decisions, and evaluating therapy results.

The diary is used for symptoms of **overactive bladder**, **urinary retention**, or **stress urinary incontinence**. If you have questions about how to record your symptoms, you may consult your healthcare provider.

Completing your bladder diary

1. Enter your name.
2. Each time you go to the toilet or have accidental bladder leakage, add the date and time and then complete the row:
 - a. **Urgency:** How strongly you needed to go to the toilet
(Scale: 0 = None, 1 = Mild, 2 = Moderate, 3 = Strong, 4 = Desperate)
 - b. **Void:** Check if you urinated in the toilet
 - c. **Leak:** Check if you accidentally experienced urine loss
 - d. **Leak volume:** How strongly you leaked urine
(Scale: Small, Medium, Large)
 - e. **Change pad:** Did you change an absorbent product (i.e., pad, liner, diaper)?
(Scale: Small, Medium, Large)
 - f. **Cathed volume:** How much urine was removed with a catheter (if applicable)
 - g. **Voided volume:** How much urine voided spontaneously (if applicable)
3. Continue your bladder diary for the number of days as instructed by your healthcare provider.
4. For each day, record all events, day and night for a full 24 hours.
5. Share the completed diary with your healthcare provider to use in your ongoing treatment discussions.

Important tips

1. Fill out your diary every day. Keep your diary with you so that you can complete this as each episode happens.
2. Try to avoid waiting long periods of time to record episodes; this may affect the accuracy of your diary entries.
3. Follow the instructions above to ensure that your entries are consistent.

Your next appointment is on:

For help and further information, please contact:

Patient name:

Remember to fill out your diary daily and bring to your next appointment.

Date	Time	Urinary incontinence							Urinary retention		
		Urgency* How strongly you needed to go (0 to 4)	Void Urinate in the toilet	Leak Accidental urine loss	Leak volume				Change absorbent product?	Catheter volume Urine removed with catheter	Voided volume Urine voided spontaneously
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