Bladder diary

7 days · what you drink and what you pass · volumes in ml

Name _____ **From** _____ **To** _____

How to fill it in

1. **Write the time right away**, not at the end of the day.
2. **Drinks:** the amount on the cup, can or bottle. A guess is better than a gap.
3. **Urine:** measure with a jug or a collection "hat". Not measured? Put a ✓ — the trip still counts.
4. **Night:** write when you went to bed and got up; tick Night for anything in between.
5. **Days:** most doctors ask for three complete days, some for seven. They need not be in a row.

Reading the columns

✓ in Passed: a trip without a measurement · **✓ in Night:** between bed and getting up

Note: a strong urge, a leak and how much, a pad change · **Total:** optional

How much is in a…

cup **200–250 ml** · glass **250 ml** · can **330 ml** · small bottle **500 ml**

Example

Time	Drank ml	What water, tea…	Passed ml or ✓	Night ✓	Note urge, leak, pad
7:20	*250*	*tea*	*320*		
9:40			✓		*in a hurry, small leak*

Prefer the phone? The same diary as an app.

Two taps per entry, totals done for you, a PDF report at the end. Free, no account.

Scan to open Bladder Diary: Fluid Balance on the App Store.

Based on the NHS frequency–volume chart (Gloucestershire Hospitals NHS Foundation Trust), the Urology Care Foundation bladder diary, ICS bladder-diary terminology and NICE guidance (a minimum of three days). Columns match the Bladder Diary: Fluid Balance app, so a paper diary and the app read the same way.

Day 1 of 7

Date _____ **Went to bed** _____ **Got up** _____

Time	Drank ml	What water, tea…	Passed ml or ✓	Night ✓	Note urge, leak, pad
Total					Trips: day ___ · night ___

Bladder diary · A5, fold the sheet in half fluidbalanceapp.com

Day 2 of 7

Date _____ **Went to bed** _____ **Got up** _____

Time	**Drank** ml	**What** water, tea…	**Passed** ml or ✓	**Night** ✓	**Note** urge, leak, pad
Total					Trips: day ___ · night ___

Day 3 of 7

Date _____ **Went to bed** _____ **Got up** _____

Time	**Drank** ml	**What** water, tea…	**Passed** ml or ✓	**Night** ✓	**Note** urge, leak, pad
Total					Trips: day ___ · night ___

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Day 4 of 7

Date _____ **Went to bed** _____ **Got up** _____

Time	**Drank** ml	**What** water, tea…	**Passed** ml or ✓	**Night** ✓	**Note** urge, leak, pad
Total					Trips: day ___ · night ___

Day 5 of 7

Date _____ **Went to bed** _____ **Got up** _____

Time	**Drank** ml	**What** water, tea…	**Passed** ml or ✓	**Night** ✓	**Note** urge, leak, pad
Total					Trips: day ___ · night ___

Day 6 of 7

Date _____ **Went to bed** _____ **Got up** _____

Time	Drank ml	What water, tea…	Passed ml or ✓	Night ✓	Note urge, leak, pad
Total					Trips: day ___ · night ___

Day 7 of 7

Date _____ **Went to bed** _____ **Got up** _____

Time	Drank ml	What water, tea…	Passed ml or ✓	Night ✓	Note urge, leak, pad
Total					Trips: day ___ · night ___

Days recorded ☐ of 7. Bring all the sheets to your appointment. **Thank you**