Bladder diary

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

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

Keep it by the toilet, fill it in as you go, bring all the pages to the appointment.

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" under the toilet seat. 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 to the toilet without a measurement

✓ **in Night:** between going to bed and getting up

Note: a strong urge, a leak and how much, a pad change

Total: optional, your doctor can add it up

How much is in a…

cup **8 oz** · glass **8 oz** · can **12 oz** · small bottle **17 oz**

Example

Time	**Drank** oz	**What** water, tea, coffee…	**Passed** oz or ✓	**Night** ✓	**Note** urge, leak, pad, anything unusual
7:20	*8*	*coffee*	*11*		
9:40			✓		*in a hurry, small leak*
3:10			*6*	✓	

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** oz	**What** water, tea, coffee…	**Passed** oz or ✓	**Night** ✓	**Note** urge, leak, pad, anything unusual
Total					Trips to the toilet: day _____ night _____

Day 2 of 7

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

Time	**Drank** oz	**What** water, tea, coffee…	**Passed** oz or ✓	**Night** ✓	**Note** urge, leak, pad, anything unusual
Total					Trips to the toilet: day _____ night _____

Day 3 of 7

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

Time	**Drank** oz	**What** water, tea, coffee…	**Passed** oz or ✓	**Night** ✓	**Note** urge, leak, pad, anything unusual
Total					Trips to the toilet: day _____ night _____

Day 4 of 7

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

Time	**Drank** oz	**What** water, tea, coffee…	**Passed** oz or ✓	**Night** ✓	**Note** urge, leak, pad, anything unusual
Total					Trips to the toilet: day _____ night _____

Day 5 of 7

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

Time	**Drank** oz	**What** water, tea, coffee…	**Passed** oz or ✓	**Night** ✓	**Note** urge, leak, pad, anything unusual
Total					Trips to the toilet: day _____ night _____

Day 6 of 7

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

Time	**Drank** oz	**What** water, tea, coffee…	**Passed** oz or ✓	**Night** ✓	**Note** urge, leak, pad, anything unusual
Total					Trips to the toilet: day _____ night _____

Day 7 of 7

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

Time	Drank oz	What water, tea, coffee…	Passed oz or ✓	Night ✓	Note urge, leak, pad, anything unusual
Total					Trips to the toilet: day _____ night _____

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