Your Bladder Diary

Using the bladder diary
A bladder diary keeps track of how much you drink, your activity level, and how much you urinate. It gives your doctor information to find the best treatment for you.

- Use the Bladder Diary Chart in this handout. Choose 3 to 4 days to track. If you work, keep a copy of the diary at work and another at home. Share both copies with your doctor.

- You will need to measure your urine. Use a urine hat. This is a special container that fits into the toilet. It collects urine and has markings, so you can measure the amount of urine. You may hear the term **voided volume**. It is measured in milliliters (ml).

- Bring this diary to your next appointment.

- If you are having bladder testing, come to the appointment with a comfortably full bladder.

Keeping track of fluids
1. When drinking any fluid, write down the time and amount you drank in ounces or cups. For example, at 7:30 am had 1/2 cup of orange juice.

2. In addition to water, juice, coffee/tea or other fluids, write down ice cream, soup, jello, broth and sherbet. List any foods that are liquid at room temperature or have high water content.

3. When you go to the bathroom to urinate, write down the time and amount of urine. For example, at 8:00 am urinated 200 ml.

4. If you leak urine, write down the time and amount, using this scale:
   - 1 = just a few drops
   - 2 = wet underwear or pad
   - 3 = soaked or emptied bladder

5. Write down what you were doing when urine leaked, such as coughing, sneezing, lifting a 20 pound box, laughing, standing, sitting or lying down.

6. Write “yes” if you felt a strong urge to urinate when you leaked urine or “no” if you did not.
Your health care provider would like you to record how much fluid you drink, your amount of urine and when leakage occurs.

To help with your care and treatment:
☐ Bring this diary with you to your next appointment.
☐ If you are having bladder testing, please come to your next appointment with a comfortably full bladder.

<table>
<thead>
<tr>
<th>Time</th>
<th>Amount and Type of Fluid</th>
<th>Amount of Urine (ml)</th>
<th>Leakage</th>
<th>What you were doing when you leaked urine, such as sleeping, jumping, coughing, standing, lifting groceries</th>
<th>Felt urge (yes/no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30</td>
<td>1/2 cup orange juice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00</td>
<td></td>
<td>200 ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:15</td>
<td></td>
<td></td>
<td>1</td>
<td>Sneeze</td>
<td>no</td>
</tr>
</tbody>
</table>

Example
<table>
<thead>
<tr>
<th>Time</th>
<th>Amount and Type of Fluid</th>
<th>Amount of Urine (ml)</th>
<th>Leakage</th>
<th>What you were doing when you leaked urine, such as sleeping, jumping, coughing, standing, lifting groceries</th>
<th>Felt urge (yes/no)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. a few drops</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. wet underwear or pad</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. soaked or emptied bladder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Talk to your doctor or health care team if you have any questions about your care.

The Library for Health Information is available to help you find more health information at (614) 293-3707 or e-mail: health-info@osu.edu.

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