

# Bladder Diary

This diary allows you to track your bladder symptoms. The information helps you and your doctor 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** or **Urinary Retention**. Your healthcare provider will instruct you on how to record your symptoms.

## COMPLETING YOUR BLADDER DIARY

1. Complete a row of the diary each time you go to the bathroom.
  - a. Enter the date and time
  - b. **Void:** Check if you urinated in the toilet
  - c. **Leak:** Check if you accidentally experienced urine loss
  - d. **Leak Volume:** How strongly did you leak urine
  - e. **Change Pad:** Check if you changed a pad or liner
  - f. **Urgency:** How strongly you needed to go to the bathroom  
(Scale: 0 = None, 1 = Mild, 2 = Moderate, 3 = Strong, 4 =Desperate)
  - g. **Catheter Volume:** How much urine was removed with a catheter
  - h. **Voided Volume:** How much urine voided spontaneously
2. Continue your bladder diary for the number of days as instructed by your healthcare provider.
3. For each day, record all events, day and night for a full 24 hours.
4. The completed form needs to be returned to your healthcare provider as instructed.

## 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:

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For help and further information, please contact:

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Patient Name: \_\_\_\_\_

Remember to fill out your diary every day

Date	Time	Overactive Bladder						Urinary Retention			
		Void urinate in toilet ✓	Leak accidental urine loss ✓	Leak Volume None, SM, MED, LRG				Change Pad? ✓	Urgency* How strongly you needed to go (0 to 4)	Cathed Volume urine removed with catheter	Voided Volume urine voided spontaneously

\* Urgency scale: 0 = None, 1 = Mild, 2 = Moderate, 3 = Strong, 4 = Desperate

Improvement: How much has your condition improved?			
	None ✓		A little ✓
	Moderately ✓		A lot ✓