	Lothian	
3 Day Bladder Diary	Name:	
Day 1	Start Date:	

Unit/Room Number

**Fluid intake:** Examples of fluid types are: tea, coffee, water, fruit juice, fizzy drinks Approximate quantities: a small cup is 150 millilitres (mls); a mug is 300mls; small glass is 200mls; a large glass is 300mls

Please complete this diary for 3 days before your appointment with us.

**Urinary Output**: Use a measuring jug to find out how much urine you passed in millilitres (mls) both during the day and at night

Leakage: Did urine leak onto your clothing, pad, pants or bed? (Answer Yes or No)

**Urge**: Did you feel that you needed to pass urine quickly? (Answer Yes or No)

An example has been provided on the first line.

Date of Birth:

Fluid intake		Urinary output		Leakage	Urge	
Time	Туре	Quantity	Time	Amount	(Yes or No)	(Yes or No)
10.00am	Теа	150mls	11.00am	100mls	No	Yes
					-	
			-		-	
					<u> </u>	
					<u> </u>	
					-	

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## 3 Day Bladder Diary Day 2

N١	1	m	$\sim$	•
N	а		↽	

**Fluid intake:** Examples of fluid types are: tea, coffee, water, fruit juice, fizzy drinks Approximate quantities: a small cup is 150 millilitres (mls); a mug is 300mls; small glass is 200mls; a large glass is 300mls

**Urinary output**: Use a measuring jug to find out how much urine you passed in millilitres (mls) both during the day and at night

**Leakage:** Did urine leak onto your clothing, pad, pants or bed? (Answer Yes or No)

**Urge**: Did you feel that you needed to pass urine quickly? (Answer Yes or No)

An example has been provided on the first line.

Fluid intake		Urinary output		Leakage	Urge	
Time	Туре	Quantity	Time	Amount	(Yes or No)	(Yes or No)
10.00am	Теа	150mls	11.00am	100mls	No	Yes
					-	
					-	
					1	

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## 3 Day Bladder Diary Day 3

N١	1	m	$\sim$	•
N	а		↽	

**Fluid intake:** Examples of fluid types are: tea, coffee, water, fruit juice, fizzy drinks. Approximate quantities: a small cup is 150 millilitres (mls); a mug is 300mls; small glass is 200mls; a large glass is 300mls

**Urinary Output**: Use a measuring jug to find out how much urine you passed in millilitres (mls) both during the day and at night

Leakage: Did urine leak onto your clothing, pad, pants or bed? (Answer Yes or No)

Urge: Did you feel that you needed to pass urine quickly? (Answer Yes or No)

An example has been provided on the first line.

Fluid intake		Urinary output		Leakage	Urge	
Time	Туре	Quantity	Time	Amount	(Yes or No)	(Yes or No)
10.00am	Теа	150mls	11.00am	100mls	No	Yes
					-	
			-		-	
					-	
			<del>                                     </del>			

Thank you for completing this diary. Please remember to bring it with you to your appointment.

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