## Lothian Bladder Diary



## Name:

## **Date Commencing:**

Please complete this chart for 3 consecutive days before attending for your Clinic appointment. **BRING IT WITH YOU!!!** 

Please write down what you drink ( $\underline{\text{Drink}}$  box) and how much ( $\underline{\text{Volume}}$  box).

Use a jug to measure the amount of urine that you pass and enter the amount in the  $\underline{\text{Void}}$  box. Put an X in the wet column if you leak urine.

Here is an example:

Time	Day 1				Day 2				Day 3			
	Drink	Volume	Void	Wet	Drink	Volume	Void	Wet	Drink	Volume	Void	Wet
7am	Tea	200ml					500ml					
8am			300ml	Χ	Water	150ml						
9am								Χ			150ml	Χ

Time	Day 1				Day 2				Day 3			
	Drink	Volume	Void	Wet	Drink	Volume	Void	Wet	Drink	Volume	Void	Wet
6 am												
7 am												
8 am												
9 am												
10 am												
11 am												
12 MD												
1 pm												
2 pm												
3 pm												
4 pm												
5 pm												
6 pm												
7 pm												
8 pm												
9 pm												
10 pm												
11 pm												
12 MN												
1 am												
2 am												
3 am												
4 am												
5 am												
Total												