

## **NURSING & AGED CARE**



## **Bladder Diary**

Name:	Diary from / / / to _ / _ /	

Keep this diary accurately each day, for at least 3 consecutive days prior to continence assessment.

Date	Time passed urine, or times of any leakage episodes	Amount of urine passed In the toilet, wee into a measuring jug. Record the amount before flushing urine.	Did you feel the urge to go? Yes/No Urgency 1-10 (10 is severe urge)	Leakage episodes Small, Medium or Large) and record times in left hand column	Fluid intake Note types of drinks & amounts (record total of drinks over 24 hrs)	<b>Notes:</b> about when you urinate or leakage happened (eg "when I arrived home and put the key in the door", "when I was out walking", "didn't feel like I emptied", or "leaked before I got to the toilet", and similar. You could also list any drinks or foods you suspect might be irritating the bladder, and include comments about your diet or digestion, etc.)