

Two Day Bladder Diary Maritime Centre for Pelvic Health

K07002307 Jun/7/2002 M SCA,TEST Visit ER0000145/12 HCN: 22222222 Van den Hof, TEST / TEST, Maureen Dec/8/2012

Use this diary to record how much urine **you are passing (voiding).** Choose two 24 hour time periods to complete the diary (it may be easiest to do over a weekend). Measure every void. Write the amounts you void during the day and night, and any urine you leak. **Please bring this diary to your visit.**

Instructions

- 1. <u>Voiding</u>: Collect your urine by placing a plastic bowl on the toilet seat, then voiding into that. (Or you can buy a urine collection hat from your local pharmacy / home health store).
 - → Use **mLs** or **ounces** to measure all the fluids you drink, and the amounts you void.
 - → Begin this diary by recording your first morning void.
- 2. Leakage: Describe the activity you were doing at the time of the leakage (lifting, coughing, sneezing, sitting etc.).
 - → Estimate the volume of leaked urine on a scale of 1 (lowest) to 3 (highest) as follows:
 - 1 = dampness (low amount of leakage)
 - 2 = wet underwear or pad (moderate amount of leakage)
 - 3 = soaked or emptied bladder (high amount of leakage)
- 3. <u>Urges to Void</u>: Please note if you had an urge to void ☐ Yes ☐ No

Example Only - How to Record in the Diary

Time (AM or PM)	Amount Voided (in mLs or ounces)	Leak Volume (Scale of 1–3, low to high leakage)	Urge (Yes / No)	Activity	Fluid Intake (Amount in mLs or ounces, drink)
8:00 a.m.	250mLs				
8:30 a.m.				Exercise	8 oz coffee
9:00 a.m.		2	No	Cough	
10:30 a.m.	150mLs				6 oz water
11:15 a.m.		3	Yes	In Shower	

Start Here - Record in Your Two Day Bladder Diary

Date and time: _____ to ____

Time (AM or PM)	Amount Voided (in mLs or ounces)	Leak Volume (Scale of 1–3, low to high leakage)	Urge (Yes / No)	Activity	Fluid Intake (Amount in mLs or ounces, drink)

Continued - Record in Your Two Day Bladder Diary



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