



Edinburgh Urology Specialists

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BLADDER DIARY FOR 3 DAYS

| Forename: | | Surname: | | Date of Birth | | DD/MM/YYYY | |
|--|-----------------------|-------------|---------|---------------|------|-------------|---------|
| Consultant: | | | | Hospital No. | | | |
| <p>This is a VERY IMPORTANT chart in assessing and treating your waterworks problem. Please fill in date and each time of passing urine, both day and night and the amount passed (you will need a measuring jug) Please state the TIME YOU WAKE UP in the morning and TIME YOU GO TO SLEEP for each of the 3 days. Add comments on URGENCY, INCONTINENCE, PAIN ETC.</p> | | | | | | | |
| DATE | TIME | VOLUME (ml) | COMMENT | DATE | TIME | VOLUME (ml) | COMMENT |
| Example: | | | | | | | |
| 9/5/2010 | Bed time: 11: pm | | | | | | |
| | Wake up time: 7:30 am | | | | | | |
| | 2:15 am | 150 ml | | | | | |
| | 07:00 am | 200 | | | | | |
| | 09:30 am | 100 | | | | | |
| | 11:45 am | 300 | | | | | |
| | 02:15 pm | 250 | | | | | |
| | 06:30 pm | 250 | | | | | |
| Daily total | 7 time | 1650 ml | | | | | |
| | | | | | | | |