NUHS@HOME
National University Health System

Bladder Diary Charting

Bladder diary is a chart to help us better understand your water intake and urine habits during the day and night. By doing so, your physician will have a better understanding of your urine habits to help us improve our treatment plan for you. You will need to fill up this bladder diary within 1 week prior to your doctor appointment. Kindly bring the bladder diary along during your next appointment.

Requisite/Things needed:

Urine measuring collection (at least 500mls)

Instructions:

1. Record the time, amount and types of fluids taken each time.
2. Record the time and volume of urine passed each time.
3. If you have passed urine but could not measure it, place a (X) in that column.
5. Place a (√) in the appropriate column (Yes/No) for any urgency in urine or leakage in urine
6. Write down the activity during the leakage in the remark's column.
7. Please indicate **'B'** when you go to **Bed** and **'W'** when you **Wake up** in the remark's column.

Kindly refer to the sample diary charting below:

Time	Drinks		Urine output (ml)	Any leakage?		Any urgency?		Remarks
	Amount	Type		Yes	No	Yes	No	
6am			150		√			W
7am								
8am	50	Water						
9am	100	Tea						
10am								
11am			180		√	√		
Midday	100	Orange juice						
1pm								
2pm			150			√		
3pm		Water						
4pm		Coffee		√				

Name: _____

Day 1: Date _____

Time	Drinks		Urine output (mls)	Any urgency? Tick (√)		Any leakage? Tick (√)		Remarks
	Amount (mls)	Type		Yes	No	Yes	No	
6am								
7am								
8am								
9am								
10am								
11am								
Midday								
1pm								
2pm								
3pm								
4pm								
5pm								
6pm								
7pm								
8pm								
9pm								
10pm								
11pm								
Midnight								
1am								
2am								
3am								
4am								
5am								
Total volume (in mls)								

Name: _____

Day 2: Date _____

Time	Drinks		Urine output (mls)	Any urgency? Tick (√)		Any leakage? Tick (√)		Remarks
	Amount (mls)	Type		Yes	No	Yes	No	
6am								
7am								
8am								
9am								
10am								
11am								
Midday								
1pm								
2pm								
3pm								
4pm								
5pm								
6pm								
7pm								
8pm								
9pm								
10pm								
11pm								
Midnight								
1am								
2am								
3am								
4am								
5am								
Total volume (in mls)								

Name: _____

Day 3: Date _____

Time	Drinks		Urine output (mls)	Any urgency? Tick (√)		Any leakage? Tick (√)		Remarks
	Amount (mls)	Type		Yes	No	Yes	No	
6am								
7am								
8am								
9am								
10am								
11am								
Midday								
1pm								
2pm								
3pm								
4pm								
5pm								
6pm								
7pm								
8pm								
9pm								
10pm								
11pm								
Midnight								
1am								
2am								
3am								
4am								
5am								
Total volume (in mls)								