



vesia

[ALBERTA BLADDER CENTRE]

Bladder Diary

Vesia Bladder Diary

Instructions for Completing the Diary

1. Please record three typical days. It is helpful to record both workdays and days off.
2. Record the times you drink any fluid and the times you urinate (pee). It is preferred that you measure and record in milliliters (mls); however, if this is impossible just estimate as Small (S), Moderate (M) or Large (L).
3. Some people get sudden strong urges to urinate that are difficult to control. Record how strong the urge was when you went to the toilet as follows:

Bladder Sensation Scale

1	No sensation of needing to pass urine, but passed urine for “social reasons” (eg. just before going out, not sure where next toilet is); no urgency.
2	Normal desire to pass urine; no urgency.
3	Urgency but urgency passed away before had to visit bathroom; went later with normal desire to pass urine.
4	Urgency but managed to get to bathroom and did not leak urine.
5	Urgency but could not get to bathroom in time so leaked urine.

4. If you had a leakage episode (accident), record the time and how much leaked out:
 - Small (S): few drops only
 - Moderate (M): wet underwear or pad
 - Large (L): soaked underwear or pad, or full loss of bladder volume
5. If you have to wear protective pads or garments, record the times you have to change it and the weight of pad you use: Light (pantyliner or light incontinence pad), Medium, Heavy incontinence pad, or adult Diaper.

Day 1	Date:							
	Time	Fluid Intake		Urine Voided	Urgency	Leakage		Protection
		What you drank	How much you drank (ml or S/M/L)	Volume (ml or S/M/L)	How strong was the urge to go? (1-5)	Amount leaked (S/M/L)	What were you doing when the leak happened?	Liner/Med/Heavy/Diaper
Day								
Night								

Day 3	Date:							
	Time	Fluid Intake		Urine Voided	Urgency	Leakage		Protection
		What you drank	How much you drank (ml or S/M/L)	Volume (ml or S/M/L)	How strong was the urge to go? (1-5)	Amount leaked (S/M/L)	What were you doing when the leak happened?	Liner/Med/Heavy/Diaper
Day								
Night								

Day 4	Date:							
	Time	Fluid Intake		Urine Voided	Urgency	Leakage		Protection
		What you drank	How much you drank (ml or S/M/L)	Volume (ml or S/M/L)	How strong was the urge to go? (1-5)	Amount leaked (S/M/L)	What were you doing when the leak happened?	Liner/Med/Heavy/Diaper
Day								
Night								

