

BLADDER DIARY

Dear Patient,

In order to determine the severity of your symptoms and monitor them during the therapy process, fill out the BLADDER DIARY according to the following instructions:

- **FLUID IN** write down in milliliters, estimated amount of fluid intake, considering that a full glass is about 250 ml. Specify the fluid (tea, coffee, water).

- **URINE OUT:** estimate the following:

volume: S (amount similar to vodka shot), SM (small glass, approximately 100ml), G (a full glass about 250ml and more)

urination length: count the time in seconds by looking at the watch or using the formula: 1 mississippi, 2 mississippi, 3 mississippi ... (to get a good counting rhythm)

- **LEAKAGE** (if applicable): + (a few drops), ++ (tablespoon), +++ (more), mark if the leak was related to a specific situation, e.g. coughing, jumping

- **URGENCY** (if applicable): all situations in which there was a sudden pressure on the bladder, if it was related to a specific situation, e.g. getting up from the chair - write it down

- **SANITARY PAD CHANGE / UNDERWARE CHECK:** was it damp/wet with urine?

Complete two or three days. It is worth having a diary from a typical day full of duties as well as from slower times, e.g. Sunday

We will analyze the results during the visit.

Day time	Fluid in	Urine out	Leakage	Urgency	Sanitary pad change/underwear check
7:00					
8:00					
9:00					
10:00					
11:00					
12:00					
13:00					
14:00					
15:00					
16:00					
17:00					
18:00					
19:00					
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21:00					
22:00					
23:00					
24:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					

Day time	Fluid in	Urine out	Leakage	Urgency	Sanitary pad change/underware check
7:00					
8:00					
9:00					
10:00					
11:00					
12:00					
13:00					
14:00					
15:00					
16:00					
17:00					
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3:00					
4:00					
5:00					
6:00					
7:00					

Day time	Fluid in	Urine out	Leakage	Urgency	Sanitary pad change/underware check
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7:00					

