**Uro-Gynaecology & Women’s Health Clinic**

**BLADDER DIARY**

ABN: 21 014 945 774

**Dr Kurinji Kannan**

This simple chart allows you to record the fluid you drink and the urine you pass over three (3) days (not necessarily consecutive) in the week prior to your clinic appointment. This can provide valuable information for the doctor in the management of your bladder problem.

Please fill in approximately when and how much fluid you drink and the type of liquid.

Please fill in the time and amount (in mls, or ounces) of urine passed, and mark with a star if you have leaked or mark with a ‘P’ if you have needed to change your pad.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/TimeDD.MM.YY | Liquid Intake (ml) | Volume of Urine (ml) | Leaks | Pad Change |
| **EXAMPLE**21.02.06 |  |  | \* |  |
| 0215 |  | 150 |  |  |
| 0715 |  | 250 |  |  |
| 0800 | Coffee 250ml |  |  |  |
| 0820 |  | 60 | \* | P |
| 0930 | Cup organge juice |  | \* |  |
| 1000 |  | 1000 |  |  |
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 **Uro-Gynaecology & Women’s Health Clinic**

**BLADDER DIARY Cont..**

ABN: 21 014 945 774

**Dr Kurinji Kannan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/TimeDD.MM.YY | Liquid Intake (ml) | Volume of Urine (ml) | Leaks | Pad Change |
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Thank you for completing! Please bring this diary to your next appointment.