

Instructions for completing this bladder diary

NAME: _____



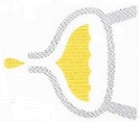
Drinks

Write the amount you had to drink and the type of drink.



Urine output

Enter the amount of urine you passed in millilitres (mL) in the urine output column, day and night. Any measuring jug will do. If you passed urine but couldn't measure it, put a tick in this column. If you leaked urine at any time write **LEAK** here.



Bladder sensation

Write a description of how your bladder felt when you went to the toilet. Please refer to the codes on the reverse side.



Pads

If you put on or change a pad, put a tick in the pads column.

Please complete this 3-day bladder diary. Enter the following in each column against the time. You can change the specified times if you need to. In the time column, please write **BED** when you went to bed and **WOKE** when you woke up.

Here is an example of how to complete the diary:

Time	Drinks		Urine output (mL)	Bladder sensation	Pads
	Amount	Type			
6am WOKE			300 mL	2	
7am	300 mL	tea			
8am			✓	2	
9am					
10am	cup	water	LEAK	3	✓
11am					

Bladder sensation codes

- 0** – No sensation of needing to pass urine, but passed urine for “social reasons”;
- 1** – Normal desire to pass urine and no urgency;
- 2** – Urgency but it had passed away before you went to the toilet;
- 3** – Urgency but managed to get to the toilet, still with urgency, but did not leak urine;
- 4** – Urgency and could not get to the toilet in time so you leaked urine.

DAY 1 Date: ____ / ____ / ____

Time	Drinks		Urine output (mL)	Bladder sensation	Pads
	Amount	Type			
6am					
7am					
8am					
9am					
10am					
11am					
Midday					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
Midnight					
1am					
2am					
3am					
4am					
5am					

DAY 2 Date: ____ / ____ / ____

Time	Drinks		Urine output (mL)	Bladder sensation	Pads
	Amount	Type			
6am					
7am					
8am					
9am					
10am					
11am					
Midday					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
Midnight					
1am					
2am					
3am					
4am					
5am					

DAY 3 Date: ____ / ____ / ____

Time	Drinks		Urine output (mL)	Bladder sensation	Pads
	Amount	Type			
6am					
7am					
8am					
9am					
10am					
11am					
Midday					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
Midnight					
1am					
2am					
3am					
4am					
5am					

Adapted from the ICIQ-Bladder diary. Whilst the components of the validated diary remain as per the publication, the format has been altered and may have implications for completion.

Reference: 1. Bright E *et al.* *Eur Urol* 2014;66:294-300.

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