



CENTRE FOR OBSTETRIC PELVIC  
HEALTH & RECONSTRUCTIVE SURGERY

[WWW.CENTREFOROASIS.COM](http://WWW.CENTREFOROASIS.COM)

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FEMALE PELVIC MEDICINE &  
RECONSTRUCTIVE SURGERY (FPMRS)

## Bladder Diary

### Instructions:

- A bladder diary is a chart that is used to record the amount of fluid that you drink, amount of urine that you void, and presence of urinary incontinence (involuntary leakage of urine).
- Please measure the amount of urine that you urinate using a measuring cup or voiding hat.
  - If you would like to acquire a voiding hat, it can be purchased from the front desk of the Centre for OASIS for \$5 during office hours.
- Please print and fill out this bladder diary **over 3 days** (they do not need to be consecutive) before your appointment. **Please bring this form to your appointment.**

### How to fill out the chart:

- **Time:** time of day or night using a clock (ex. 7:00PM)
- **Fluid intake:**
  - **Type:** name of fluid that you drank (ex. Water)
  - **Amount:** volume of fluid that you drank (ex. 250ml)
  - **Volume voided:** amount that you urinated into a measuring cup or a voiding hat in ml (ex. 300ml)
- **Presence of urinary urgency:** write "yes" if you had a sudden need to urinate and could not wait
- **Presence of urinary incontinence:** write "yes" if you had involuntary leakage of urine
- **Trigger for urinary incontinence:** record what triggered the episode of involuntary leakage of urine (ex. Coughing, sneezing, laughing, exercise, urgency, intercourse). If there was no trigger and leakage occurred on its own, please write down "none."
- **Need to change pad, incontinence underwear, or clothing:** write down if you needed to change pad/incontinence underwear/clothing due to urinary incontinence.



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# Example

## Time Woke Up: 7:30AM

Time	Fluid intake (type, amount)	Volume urinated (ml)	Presence of urinary urgency	Presence of urinary incontinence	Trigger for urinary incontinence	Need to change pad/clothing underwear
8:30AM	Coffee-500ml	300ml	Yes	Yes	Urgency	Changed 1 pad
10:30AM	Water-250ml	200ml				
11:10AM	Juice-250ml	340ml		Yes	Coughing	Changed 1 pad
2:30PM	Coffee-500ml		Yes	No (was able to hold)		
5:00PM	Water-500ml	200ml				
5:30PM				Yes	Sneezing	Changed 1 pad
7:00PM	Water-250ml	400ml				

## Time Fell Asleep: 9:30PM

Time	Fluid intake (type, amount)	Volume urinated (ml)	Presence of urinary incontinence	Trigger for urinary incontinence	Need to change pad/clothing underwear
2:00AM		100ml			
5:00AM		150ml			











