

THE UROLOGY GROUP

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FLUID DIARY

The Fluid Diary evaluates many important factors about your fluid and dietary habits, such as the amount of fluids taken in per day, how much the bladder holds, how often the need to urinate occurs and if and when accidents happen. This tool also helps evaluate your symptoms at baseline and track your progress over time.

The diary has rows to record each time you drink fluids and each time you urinate. The columns on the diary include:

Date	The date you are recording fluids.
Time	The time you took fluids in or time you urinated.
Fluid type	The type of fluid you drank (eg. water, coffee, tea, orange juice, diet soda, beer, wine, chicken soup).
Fluid intake	Amount of fluids you drank, in cc or mL. You can find this amount of the bottle or measure it. One cup is 236 cc (mL).
Urine voided	How much you urinated.
Urge (Yes/No)	Whether or not you had a sudden need or “urge” to urinate.
Leak (+/++/+++)	Whether or not you leaked urine. + for a small leakage, ++ for moderate leakage or +++ for a large leakage. You can also record pantyliner, pad or diaper changes and percentage wet they were (e.g. pad change, 50% wet) or times you had to change clothes.
Pain (+/++/+++)	Whether or not you had pain with urinating. + for small pain, +++ for lots of pain.
Bowel movement	Mark an x if you had a bowel movement. You may note if you had diarrhea or constipation.
24 hour totals	Add together all the fluid in and write down the 24 hour total volume. Add together all the urine out and write down the 24 hour total urine volume.

For a complete evaluation, record **three 24-hour periods**. The days may be in a row or not in a row.

We suggest that you use the diary on weekends when you are at home all day. The more information you can collect, the better we can understand your bladder and form an effective treatment plan. If you have any questions, please feel free to contact our office.

How to measure the urine

We suggest a toilet "hat." It is a measuring cup that is designed to fit in the toilet bowl. We can give you one at the office or they can be found at medical supply stores.



If a "hat" is unobtainable, any measuring system that you are comfortable with will work. Any sort of measuring container can be used. You may urinate directly into the container, or urinate into a larger container then transfer the urine into the measuring container.



NAME _____

	Date	Time	Fluid type	Fluid intake	Urine	Urge	Leak	Pain	Bowel movement
		am/pm	Eg water, coffee, soda	cc (mL)	cc (mL)	Yes/No	+ / ++ / +++	+ / ++ / +++	X if yes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
24 hour totals									

NAME _____

	Date	Time	Fluid type	Fluid intake	Urine	Urge	Leak	Pain	Bowel movement
		am / pm	Eg water, coffee, soda	cc (mL)	cc (mL)	Yes / No	+ / ++ / +++	+ / ++ / +++	X if Yes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
24 hour totals									