

Bladder Diary

Your Name:

MRN:

You have been asked by the doctor or nurse to complete a bladder record chart. This will help the clinician to understand your symptoms.

You will need a small measuring jug with measurements in millilitres. You can buy one from most supermarkets.

Thank you for your help and we look forward to seeing you in the department in due course

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.

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

Urine output - Enter the amount of urine you passed in millilitres (mls) 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 using these codes:

0 - If you had no sensation of needing to pass urine, but passed urine for "social reasons", for example, just before going out, or unsure where the next toilet is.

1 - If you had a normal desire to pass urine and no urgency. "Urgency" is different from normal bladder feelings and is the sudden compelling desire to pass urine which is difficult to defer, or a sudden feeling that you need to pass urine and if you don't you will have an accident.

2 - If you had urgency but it had passed away before you went to the toilet.

3 - If you had urgency but managed to get to the toilet, still with urgency, but did not leak urine.

4 - If you had urgency and could not get to the toilet in time so you leaked urine.

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

Here is an example of how to complete the Diary:

Time	Drinks		Urine output	Bladder sensation	Pads
	Amount	Type			
6am WOKE			350ml	2	
7am	300ml	tea			
8am			✓	2	
9am					
10am	cup	water	Leak	3	✓

DAY 1: Date ____/____/____

Time	Drinks		Urine output (mls)	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					
TOTALS					

DAY 2: Date ____/____/____

Time	Drinks		Urine output (mls)	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					
TOTALS					

DAY: Date ____/____/____

Time	Drinks		Urine output (mls)	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					
TOTALS					