# Bladder Diary

Your Name: .....

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 | ✓ |

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**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 | | | | | |