

# BLADDER DIARY

Day 1: Day: \_\_\_\_\_ Date: \_\_\_\_\_

Time Woke Up: \_\_\_\_\_ Time Went to Sleep: \_\_\_\_\_

BLADDER FUNCTION				
TIME	INTERVAL	URGE (0-4)	Leakage	Urine Vol / BO

FLUID INTAKE		
TIME	Type	Volume

Day 2: Day: \_\_\_\_\_ Date: \_\_\_\_\_

Time Woke Up: \_\_\_\_\_ Time Went to Sleep: \_\_\_\_\_

BLADDER FUNCTION				
TIME	INTERVAL	URGE (0-4)	Leakage	Urine Vol / BO

FLUID INTAKE		
TIME	Type	Volume

Day 3: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time Woke Up: \_\_\_\_\_

First Void on Day 3 only				
TIME	INTERVAL	URGE (0-4)	Leakage	Urine Vol / BO

## Completing your Bladder Diary

For the next 2 days you are going to record every time you pass urine.

Record the time that you pass urine and how long it has been since the last time you went.

Decide how urgent your 'void' (passing urine) was using the following scale.

If you have leakage tick the box or add some notes.

Make sure to record how much urine you passed by measuring it in a jug.

Please also record how much fluid you drink and what type of drink it is in the next table.

### Bladder Sensation Scale

Number	Description	Time Criteria
<b>0</b>	No bladder sensation at all	Could delay indefinitely
<b>1</b>	Sensation of urine, but no desire to void	Could delay 1 hour
<b>2</b>	Mild to moderate desire to void	Could delay 30 mins
<b>3</b>	Strong desire to void	Could delay 15 mins
<b>4</b>	Urgent desire to void	<b>Unable</b> to delay 5 mins

For example:

BLADDER DIARY				
TIME	INTERVAL	URGE (0-4)	LEAKAGE	Urine Vol/Bowels Opened
7:15		4		300
8:30	1 ¼ hr	2		150
10:00	1 ½ hr	4	small	270
11:10	1 hr 10 mins	3		220
12:00	50 mins	1		BO
1:40	1 hr 40 mins	2		140