

Bladder Diary

Please complete all 3 days and bring to your appointment with you

Name:

Date:

TIME	Day 1					Day 2					Day 3				
	Fluid in (millilitres)	Drink Type	Leakage	Urgency 0-3	Fluid out (millilitres)	Fluid in (millilitres)	Drink Type	Leakage	Urgency 0-3	Fluid out (millilitres)	Fluid in (millilitres)	Drink Type	Leakage	Urgency 0-3	Fluid out (millilitres)
6 am															
7 am															
8 am															
9 am															
10 am															
11 am															
12 pm															
1 pm															
2 pm															
3 pm															
4 pm															
5 pm															
6 pm															
7 pm															
8 pm															
9 pm															
10 pm															
11 pm															
12 am															
1 am															
2 am															
3 am															
4 am															
5 am															
TOTAL															

Average freq.		Average Intake		Average Output		Min void		Max void	
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Bladder Chart

Please complete this form as accurately and honestly as possible over three different days.

It gives us a considerable amount of important information about your bladder in order to plan your treatment effectively and therefore needs to be fully completed and brought to your assessment appointment.

You will need to use a litre jug

Volume drunk

Measure and record the amount you drink (in millilitres) next to the nearest hour

Type of drink

Record the type of drink next to the nearest hour.

You can use your own key such as T for tea, C for coffee, W for water

Leakage

Every time you leak record the extent i.e.

D = Damp

W = Wet

S = Soaked

And what you were doing at the time you leaked e.g. Coughing, sneezing, running getting out of the car, next to the nearest hour

Urgency

Please score how much of an urge you felt each time you passed urine

0 = No urge

1 = Slight urge

2 = Desperate rush

3 = Leaked on the way

Amount voided

When you pass urine, measure the amount that you pass (in millilitres) using a measuring jug and record the amount in the appropriate column next to the nearest hour. If you pass urine twice in an hour, put both measurements in the same box