

## **BLADDER DIARY**

NAME:			
DATE:			

Please complete this bladder diary prior to your appointment

## How to complete the bladder diary

Please fill this diary out for 3 days, measuring how much you drink, and how much urine you pass each time you go to the toilet. It will help your Physiotherapist assess your bladder symptoms

What you will need: a measuring jug which can hold at least 500ml.

Every time you have a drink, please record how much you drink in the first column, and what you are drinking in the second column e.g. tea, squash, water. Please ensure you record this in the correct timeslot on the chart e.g. 7-8am

In the third column, please write down how much urine you pass everytime you go to the toilet. To do this, pass the urine into the measuring jug, then record the amount. If, on occasion, you are unable to use the jug, please put a tick in the box instead. Please write it in the correct timeslot.

In column 4, please note down how urgent it was for you to go the toilet using the scale on the chart (0= not urgent at all, 3 =most urgent)

Lastly, in column 5, please record if you have any episodes of leakage - please mark this with a tick or \*

## **PHYSIOPILATES**

	DAY ONE					
Time	Drink	Type of Drink	Urine Passed	How urgent?	Leakage	
Example	250ml	Tea	450ml	3		
6-7am						
7-8am						
8-9am						
9-10am						
10-11am						
11-12am						
12-1pm						
1-2pm						
2-3pm						
3-4pm						
4-5pm						
5-6pm						
6-7pm						
7-8pm						
8-9pm						
9-10pm						
10-11pm						
11-12pm						
12-1am						
1-2am						
2-3am						
3-4am						
4-5am						
5-6am						
Total						

		DAY TWO		
Drink	Type of Drink	Urine Passed	How urgent?	Leakage
100ml	Water	600mI	2	*
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DAY THREE					
Drink	Type of Drink	Urine Passed	How urgent?	Leakage	
330ml	Coffee	300ml	1	*	

<sup>&</sup>quot;How urgent?" scale: 0 = not urgent at all, 3 = most urgent