

## PHYSIOTHERAPY – INITIAL BLADDER DIARY

To enable a complete assessment of your current symptoms, it is important for your physiotherapist to gain a thorough understanding of how your bladder is currently functioning. Therefore, it would be appreciated if you could complete the following **Bladder Diary for 48hours**.

### INSTRUCTIONS:

Try to choose two days where you feel that you would most easily be able to complete the diary.

- Aim to start **when you first wake up on** the first day and continue for 48hours.
- Each time you go to the toilet to pass urine write down:

### BLADDER FUNCTION SECTION:

- 1. Time** eg. 9.30am
- 2. Interval** Write how long it has been since the last time you went to the toilet. eg. 2hrs, 45min
- 3. Rate How Strong Your Urge to Pass Urine was from 0-4**
  - 0 = No Sensation of urine in bladder at all eg. Could delay indefinitely
  - 1 = Sensation of some urine but no desire to void eg. could delay 1hour
  - 2 = Mild-Moderate Desire to void eg. could delay 30min
  - 3 = Strong Desire to Void eg. couldn't delay >15min
  - 4 = Urgent Desire to Void eg. unable to delay 5min
- 4. Did You Leak on Way to Toilet?**
  - No
  - Yes – S/A eg a few drops, 20c piece
  - Yes – M/A eg underwear quite damp
  - Yes – L/A eg wet outer clothes
- 5. Volume of Urine Passed / Bowels Opened**
  - Urine: **Measure the amount of urine in mls** ( "cc" on specipan measure)
  - Bowels: Write **"BO"** (bowels opened).

NB: When you go to the toilet to open your bowels you are not expected to measure the amount of urine you pass at the same time.

### FLUID INTAKE SECTION

- 1. Time** eg. 9.45am, 3.30pm
- 2. Type** eg coffee, water, juice, tea.
- 3. Amount:** eg. 1 cup, 200mls.

# 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** (First Morning void only) Day / Date \_\_\_\_\_ Time Woke Up \_\_\_\_\_

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