ENGLISH

Bladder Diary

A bladder diary is a recording of your drinking and urination.

Please complete the following bladder diary for 2 days. They do not have to be consecutive days. Start the diary when you urinate for the first time in the morning and continue until the first time you urinate the following morning. Please bring the completed diary to your next physiotherapy appointment. The information will help your physiotherapist to have a better understanding of how your bladder is currently working. The physiotherapist needs to know how much urine you are passing and how much fluid you are drinking.

The first table is about how much urine you are passing. Please complete the information in this table every time you go to the toilet to urinate. To measure the volume of urine, your physiotherapist will give you a measuring pan to place underneath the toilet seat to catch the urine. If you also need to defecate when you visit the toilet, you do not need to measure the volume of urine. In this case please just mark * in the box.

The second table is about how much you drink and what you drink.

Please ask your physiotherapist any questions you have about how to complete this diary.

Professional interpreters are available if you need help in understanding or speaking in English. Interpreter services are free and confidential. Please ask the staff if you would like an interpreter.

This resource was completed by the Physiotherapy Department, Royal Hospital for Women. Funding for translations was provided by the Multicultural Health Service, South Eastern Sydney Local Health District (October 2014).

Day 1

Date _____
What time did you wake up today?_____
What time did you go to bed today?_____

Table 1: Bladder function					
What time did you go to the toilet?	Interval (please leave this section blank)	How strong was your urge to go to the toilet? Write a number (0-4) - see the explanation for these numbers below **	Did you leak on the way to the toilet? Yes	No	What volume did you urinate (in "ml" on the measuring pan)? (if you defecated, just mark * below)
Example 830am		2	√		250ml
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
Please continue to fill in the table to include the first time you urinate the next morning					
1.					

**How strong was your urge to pass urine?
0 = no feeling in the bladder
1 = could wait 1 hour
2 = could wait 30 minutes
3 = could not wait 15 minutes
4 = could not wait 5 minutes

Table 2: Fluid Intake		
Time	Type	Volume
What time did you drink?	What did you drink? (eg coffee, tea, water)	How much did you drink? (eg 1 cup, 200ml)
Example 1030am	Water	100ml

Day 2

Date _____
What time did you wake up today?_____
What time did you go to bed today?_____

Table 1: Bladder function					
What time did you go to the toilet?	Interval (please leave this section blank)	How strong was your urge to go to the toilet? Write a number (0-4) - see the explanation for these numbers below **	Did you leak on the way to the toilet? Yes	No	What volume did you urinate (in "ml" on the measuring pan)? (if you defecated, just mark * below)
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