

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 **at 7am** 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
- 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:

From 7am on _____ to 7am on _____
 (day / date) (day / date)

Time Woke Up: _____ Time Went to Bed: _____

BLADDER FUNCTION					FLUID INTAKE		
TIME	INTERVAL	URGE (0-4)	Leakage	Urine Vol / BO	TIME	Type	Volume
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Day 2:

From 7am on _____ to 7am on _____
 (day / date) (day / date)

Time Woke Up: _____ Time Went to Bed at Night: _____

BLADDER FUNCTION					FLUID INTAKE		
TIME	INTERVAL	URGE (0-4)	Leakage	Urine Vol / BO	TIME	Type	Volume
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

Office Use:

Day 1 Frequency: Day: _____ Night: _____ (24hr: _____)

Day 2 Frequency: Day: _____ Night: _____ (24hr: _____)

Average Bladder Volume per urge grade: (Day voids only)

1 = _____ = _____ mls

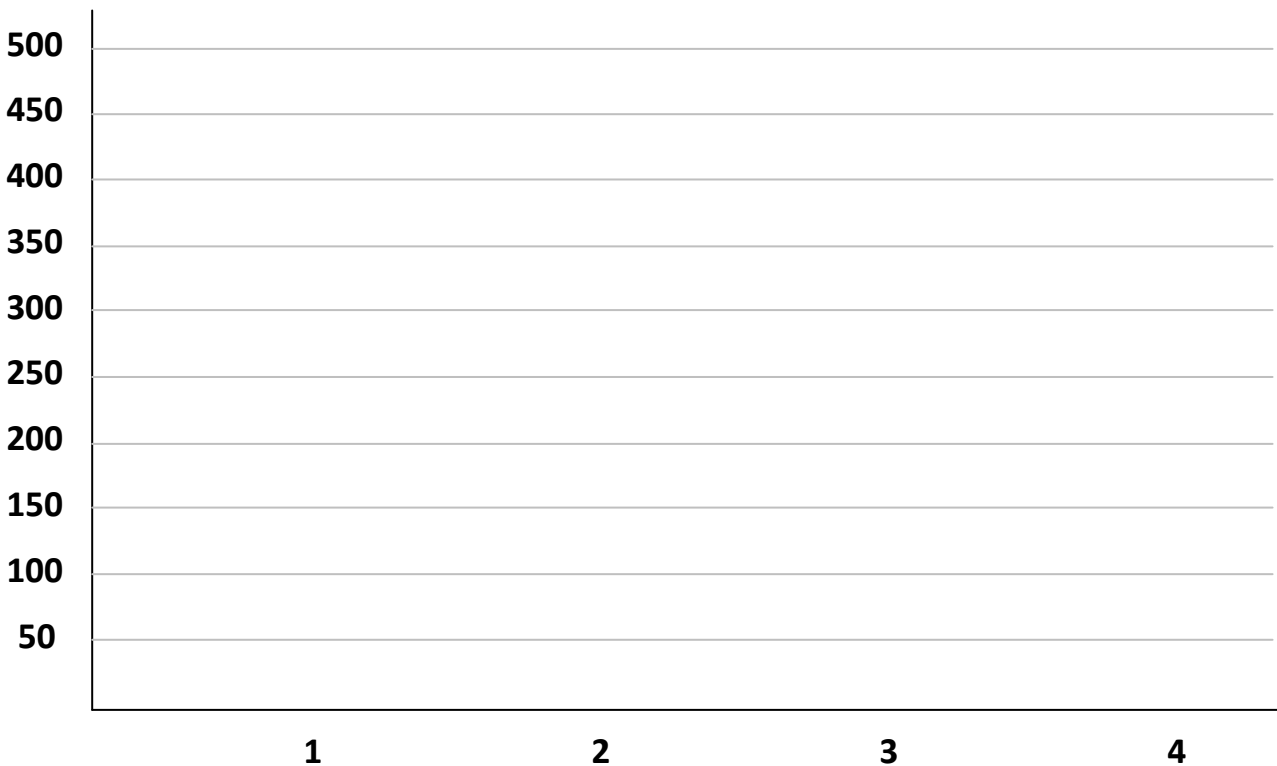
2 = _____ = _____ mls

3 = _____ = _____ mls

4 = _____ = _____ mls

Minimum Time b/w Voids of: Urge 3: _____

Urge 4: _____



Day 1

Urine Production: 24hr: _____ Day: _____ Night: _____

Nocturnal Polyuria Index: _____

Fluid Intake: 24hr: _____ 3hrs before bed: _____

Day 2

Urine Production: 24hr: _____ Day: _____ Night: _____

Nocturnal Polyuria Index: _____

Fluid Intake: 24hr: _____ 3hrs before bed: _____

BLADDER VOLUMES

