



Your bladder diary

To help you with your current symptoms, your physiotherapist needs to understand how your bladder is current working. Please fill in the attached bladder diary for two days.

Instructions

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

- Aim to start when **you first wake up on the first day** and continue for 48 hours. You should finish by recording the **first void after waking on the third day**.
- Each time you go to the toilet to pass urine write down:
 1. **The time**
 2. **Interval between wees** – How long since you last went to the toilet, e.g. 2 hours
 3. **Rate how strong the urge is to pass urine (0-4)**
 - 1 = sensation of urine but no desire to empty bladder e.g. could hold on for 1 hour
 - 2 = mild to moderate desire to empty bladder e.g. could hold on for 30 minutes
 - 3 = strong desire to empty bladder e.g. unable to hold on for 15 minutes
 - 4 = urgent desire to empty bladder e.g. unable to hold on for 5 minutes
 4. **Did you leak on the way to the toilet?**
 - No
 - Yes – small amount e.g. few drops
 - Yes – moderate amount e.g. wet patch in underwear
 - Yes – large amount e.g. outer clothes are also wet
 5. **Volume of urine (wee) passed or bowels opened**
 - Urine: Measure the amount of urine in millimetres (mls)
 - Bowels: Write “BO” (bowels open) – you are not expected to measure the amount of urine you pass at the same time.

Fluid intake section:

1. **Time** e.g. 9.45am, 3.30pm
2. **Type** e.g. coffee, water, juice etc.
3. **Amount** e.g. 1 cup or 200mls

Please ask if you need this information in another language or format.

Jenni Churches, Specialist Physiotherapist Pelvic Health and Maternity, March 2024

Next review due: March 2026

Compassionate

Aspirational

Resourceful

Excellent

Your bladder diary

Name:							
DAY 1: Day				Date:			
Time woke up:				Time went to sleep:			
Bladder function					Fluid intake		
Time	Interval	Urge (1-4)	Leakage	Urine vol	Time	Type	Volume

DAY 2: Day				Date:			
Time woke up:				Time went to sleep:			
Bladder function					Fluid intake		
Time	Interval	Urge (1-4)	Leakage	Urine vol	Time	Type	Volume

DAY 3: Day		Date:		Time woke up:	
First Void on Day 3 only					
Time	Interval	Urge (1-4)	Leakage	Urine vol	

Compassionate Aspirational Resourceful Excellent