

BLADDER and FLUID INTAKE DIARY

Thank-you for completing this bladder diary, it enables your physiotherapist to thoroughly assess your symptoms and design an appropriate management plan for you.

It is appreciated if you could complete this bladder diary for **48 hours** over two consecutive days. Aim to start when you wake up on the first day and continue for 48 hours, finishing with the first void of the 3rd day.

Record:

1. The **time** you went to the toilet e.g 7.00am
2. The **interval** – how long it has been since the last time you went to the toilet e.g. 2hrs, 15mins.
3. The **volume** or **amount** of urine you passed (voided) in **mls**.
If you go to the toilet for a bowel action write **BA** but you are not required to measure any urine you pass at the same time.
4. Rate how strong your **urge** to pass urine was from **0-4**, using the key below:
0 = No sensation of urine in bladder, could delay indefinitely
1 = a sensation of urine but no desire to void. Could delay 1hr
2 = mild-moderate desire to void. Could delay 30 mins
3 = strong desire to void. Could not delay longer than 15 mins
4 = urgent desire to void. Unable to delay 5 mins
5. Any leakage on the way to the toilet, **D - damp** (smaller than a 50c piece), **W -wet** (larger than a 50c piece) or **S -soaked** (wets through to outer layer).
6. Comment – anything you wish to record eg: any triggers such as stood up, running water (RW) or key in door (KID) and indicate if you changed your pad/underwear.
7. The **time** you had a drink e.g 7.30am
8. The type of **fluid** you drank e.g. coffee, water, juice, tea
9. The **volume** or amount of fluid you drank in **mls**.
10. Your total fluid intake at the end of each day.

Day 1: Date: _____

Time Woke up: _____ Time went to sleep: _____ Time woke up: _____

Start with the FIRST void when you get up in the morning.

Bladder Function

Fluid Intake

Time	Interval	Urine vol	Urge 0-4	D / W / S	Comment

Time	Fluid type	Fluid vol

TOTAL

Day 2: Date: _____

Time Woke up: _____ Time went to sleep: _____ Time woke up: _____

Start with the FIRST void when you get up in the morning and finish with the first void of the next morning.

Bladder Function

Fluid Intake

Time	Interval	Urine vol	Urge 0-4	D / W / S	Comment

Time	Fluid type	Fluid vol

TOTAL