

INITIAL BLADDER DIARY

To enable a complete assessment of your current symptoms, it is important to gain a thorough understanding of how your bladder is currently functioning. Therefore, it would be appreciated if you could fully 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.

- Start on Day 1 when you **get up to start your day** and keep measuring until the first toilet visit the next morning (include overnight visits). Continue this for Day 2. **Don't forget to record the first visit on Day 3**
- You will need a **measuring jug** that measures in mls. You may prefer to urinate into a larger container such as an ice-cream container first, and then pour the contents into the measuring jug
- If you forget to measure, leak in between toilet visits, or open your bowels, please estimate your urine loss on these occasions

BLADDER FUNCTION SECTION - Write down the following each time you go to the toilet:

- 1. Time** Record the time you visited the toilet **eg. 9.30am**
- 2. Interval** Write how long it has been since the last time you went to the toilet **eg. 2hrs, 45min**
- 3. Urge** 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. Leakage** Record if you leaked and the amount, e.g.:
 - **No**
 - **Yes – S/A** (small amount) **eg. a few drops, 20c piece**
 - **Yes – M/A** (moderate amount) **eg. underwear quite damp**
 - **Yes – L/A** (large amount) **eg. wet outer clothes**
- 5. Void Volume / Bowel Movement**
 - Urine: **Measure the amount of urine in mls**
 - Bowels: Write "**BM**" (bowel movement) if you open your bowels. You don't need to measure any urine you pass at the same time - please just **estimate**

FLUID INTAKE SECTION – Write down the following each time you have a drink:

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

