**Bladder Diary**

**Instructions**

* For the next **3 days** you are going to record every time you pass urine / empty your bladder.
* Record the time that you pass urine & how long it has been since the last time you went.
* Decide how urgent your ‘void’ (passing urine) was using the scale below (0 – 4).
* If you have leakage tick the box or add some notes.
* Make *sure* to record how much urine you passed in **millilitres** by measuring it in a jug.
* Please also record how much fluid you drink and what type of drink it is.

**Urgency Scoring (0 – 4)**

|  |  |  |
| --- | --- | --- |
| 0 | No bladder sensation at all | Could delay indefinitely |
| 1 | Sensation of urine, but no desire to void | Could delay 1 hour |
| 2 | Mild to moderate desire to void | Could delay 30 mins |
| 3 | Strong desire to void | Could delay 15 mins |
| 4 | Urgent desire to void | Unable to delay 5 mins |

**Please record any other comments / information here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day 1** Date: \_\_\_\_\_\_\_\_\_ Time woke up: \_\_\_\_\_\_\_\_\_\_\_ Time went to sleep: \_\_\_\_\_\_\_\_\_

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| **Bladder Function** |  | **Fluid Intake** |
| Time | Interval | Urine Vol (ml) | Urge (0-4) | Leakage? | Time | Type of fluid | Volume (ml) |
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| **Total Output** |  |  | **Total Input** |  |

**Day 2** Date: \_\_\_\_\_\_\_\_\_ Time woke up: \_\_\_\_\_\_\_\_\_ Time went to sleep: \_\_\_\_\_\_\_\_\_\_\_

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| **Bladder Function** |  | **Fluid Intake** |
| Time | Interval | Urine Vol (ml) | Urge (0-4) | Leakage? | Time | Type of fluid | Volume (ml) |
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| **Total Output** |  |  | **Total Input** |  |

**Day 3** Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time woke up: \_\_\_\_\_\_\_\_ Time went to sleep: \_\_\_\_\_\_\_\_\_\_\_

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| **Bladder Function** |  | **Fluid Intake** |
| Time | Interval | Urine Vol (ml) | Urge (0-4) | Leakage? | Time | Type of fluid | Volume (ml) |
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| **Total Output** |  |  | **Total Input** |  |