

Information for Patients

3 Day Bladder Diary

Integrated Continence Forum

INSTRUCTIONS ON HOW TO COMPLETE YOUR BLADDER DIARY

This diary allows you to record the urine you pass, how urgent it is, any bladder leakage, and the fluids you drink, over 2 or 3 days (not necessarily consecutive).

This can provide us with valuable information regarding your bladder function and assist in the planning of your treatment.

Column 1

Each time you pass urine, pass urine into a measuring jug, then type or write the amount of urine passed (measured in mls) in the box that corresponds to the time.

Indicate when you have gone to bed to sleep.

Add up the total amount of urine passed in 24 hours and record in the TOTAL box.

Column 2

Each time you pass urine, record how urgent your 'void' (passing urine) using the Bladder Sensation Scale below:

Number	Description	Time Criteria
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

Column 3

Record any urine leakage, in the box that corresponds to the time, and indicate the cause, if known e.g.

C = cough

S = sneeze

E = exercise

T = not reached toilet in time

Column 4

If you use pads for urine leakage, record with a tick if you have changed your pad, in the box that corresponds to the time.

Column 5

Fill in approximately when and how much fluid (in mls) you drink.
Add up the total amount of fluid drunk in 24 hours and record in the TOTAL box.

Column 6

Record the type of drink e.g. water, coffee, tea (with caffeine or decaffeinated).

On the next page there is an example of how to complete the diary.

An Example of a Completed Day

	<i>Time</i>	1. Volume of urine (ml)	2. Urgency score (0-4)	3. Leakage/ reason	4. Pad Change	5. Volume of Drink (ml)	6. Type of Drink
AM	6.00						
	7.00	500 Wake up	4	T	√	250	Tea (with caffeine)
	8.00					250	Tea (decaf)
	9.00			C			
	10.00	200 200	3 3				
	11.00					300	Coffee (with caffeine)
PM	12.00						
	1.00	100	2			250	Water
	2.00			S			
	3.00					250	Squash
	4.00	250	3				
	5.00	150	4	T	√		
	6.00			E		300	Water
	7.00					175	Wine
	8.00	200	2				
	9.00						
	10.00	100 BED	0		√	100	Water
	11.00						
AM	12.00						
	1.00						
	2.00	250	4	T	√		
	3.00						
	4.00						
	5.00						
	TOTAL	1950				1875	

NAME:

D.O.B:

DATE:

DAY ONE							
	<i>Time</i>	1. Volume of urine (ml)	2. Urgency score (0-4)	3. Leakage/ reason	4. Pad Change	5. Volume of Drink (ml)	6. Type of Drink
AM	6.00						
	7.00						
	8.00						
	9.00						
	10.00						
	11.00						
PM	12.00						
	1.00						
	2.00						
	3.00						
	4.00						
	5.00						
	6.00						
	7.00						
	8.00						
	9.00						
	10.00						
	11.00						
AM	12.00						
	1.00						
	2.00						
	3.00						
	4.00						
	5.00						
	TOTAL						

NAME:

D.O.B:

DATE:

DAY TWO							
	<i>Time</i>	1. Volume of urine (ml)	2. Urgency score (0-4)	3. Leakage/ reason	4. Pad Change	5. Volume of Drink (ml)	6. Type of Drink
AM	6.00						
	7.00						
	8.00						
	9.00						
	10.00						
	11.00						
PM	12.00						
	1.00						
	2.00						
	3.00						
	4.00						
	5.00						
	6.00						
	7.00						
	8.00						
	9.00						
	10.00						
	11.00						
AM	12.00						
	1.00						
	2.00						
	3.00						
	4.00						
	5.00						
	TOTAL						

NAME:

D.O.B:

DATE:

DAY THREE

	Time	1. Volume of urine (ml)	2. Urgency score (0-4)	3. Leakage/ reason	4. Pad Change	5. Volume of Drink (ml)	6. Type of Drink
AM	6.00						
	7.00						
	8.00						
	9.00						
	10.00						
	11.00						
PM	12.00						
	1.00						
	2.00						
	3.00						
	4.00						
	5.00						
	6.00						
	7.00						
	8.00						
	9.00						
	10.00						
	11.00						
AM	12.00						
	1.00						
	2.00						
	3.00						
	4.00						
	5.00						
	TOTAL						

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