

Surname _____
First Name _____
D.O.B _____
Hospital No _____
 Or affix patient label

Please see instructions and example overleaf before completing

Add a note of what the drink is e.g.:

- DT = Decaffeinated tea
- DC = Decaffeinated Coffee
- T = Tea
- C = Coffee

- M = Milk
- OJ = Orange juice
- S = Soup
- W = Water
- HC = Hot Chocolate
- A = Alcoholic drink
- F = Fizzy drink

Day 1	Date				
	Drink (mls)	Out (mls)	Urge	Leak	Cause
6am					
7am					
8am					
9am					
10am					
11am					
Noon					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12am					
1am					
2am					
3am					
4am					
5am					
Total					

Day 2	Date				
	Drink (mls)	Out (mls)	Urge	Leak	Cause
6am					
7am					
8am					
9am					
10am					
11am					
Noon					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12am					
1am					
2am					
3am					
4am					
5am					
Total					

Day 3	Date				
	Drink (mls)	Out (mls)	Urge	Leak	Cause
6am					
7am					
8am					
9am					
10am					
11am					
Noon					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12am					
1am					
2am					
3am					
4am					
5am					
Total					

You have been asked to **complete this bladder diary and bring it to your next appointment. It gives an essential picture of how your bladder is working.**

If you have been unable to complete all 3 days for unavoidable reasons, **please still bring it with you to your appointment.**

Please ensure you fill in the date at the top of each day, and note your bedtime and getting up time (rise)

Example:

Day1	Date	Out (mls)	Urge	Leak	Cause
6am					
7am	Rise	550			
8am	T300		√ ++	W++	urge
9am		250			
10am	S200				
11am		200			
Noon					
1pm	S250				
2pm		150	√		
3pm					
4pm	T300	250			
5pm				W+	cough
6pm	W350				
7pm		150	√		
8pm	T150				
9pm				W+	sneeze
10pm	M200				
11pm	Bed	100			
12am					
1am					
2am					
3am		100			
4am					
5am					
Total	1750	1600			

How to fill in this diary

- Measure the amount of fluid you drink (in mls) and record it in the 'drink' column
- Add a note of what the drink is
- Measure the amount of urine passed in mls and record it in the 'out' column (you may wish to purchase a cheap plastic jug for this purpose). If you are occasionally unable to measure, then put a tick.
- If you have an accidental leak of urine put a **W** in the 'leak' column. If it is just a few drops, write **W+**; moderate leak, write **W++**; if you are soaked, write **W+++**
- If you have 'urge' then please mark all the episodes you have during the day (add + signs for how urgent).

Record for 3 days – do your best to make this, 3 days in a row, otherwise any 3 days are better than not completing the form.

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We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR.

Further guidance can be found within our privacy notice at www.mkhospital.nhs.uk.

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Patient Information

Physiotherapy
 Department

Bladder Diary

Women's and Men's Health
 Physiotherapy