

Contact Us:
Pelvic, Obstetric and Gynaecological Physiotherapy Team :
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Below is an example of how to complete the bladder diary:

Time	In	Out	Wet	Urgency
07.00		300 mls	x	D
08.00	200mls Tea			
09.00				
10.00		200 mls	x	C
11.00	300 mls water			
12.00		50 mls		A
13.00	100 mls Coffee			

DEPARTMENT OF PHYSIOTHERAPY
Pelvic, Obstetric and Gynaecological Physiotherapy Team

Name: _____ **DOB:** _____
Hospital Number: _____

On the next page of this leaflet, you will find a bladder diary. Keeping a bladder diary helps us to make an assessment of how your bladder is working and gives us an idea of the amount you drink, the amount of urine your bladder can hold, and how often you pass urine.

How to complete your bladder diary

Fill in the bladder diary as carefully as possible for three days in the week. 2 work days and one weekend.

- For each day record what and how much you drink (in mls), and when you drink it.
- Use a small jug to measure the amount of urine you pass. Record the amount on the chart. Then wash with the flush water and store in plastic bag ready for next time
- If you leak urine, tick the column marked 'wet'.

Every time you pass urine, please put a letter on the chart from the list below that describes how urgently you had to get to the toilet:

- I felt no need to empty my bladder, but did so for other reasons.
- I could postpone voiding (emptying my bladder) as long as necessary without fear of wetting myself.
- I could postpone voiding for a short while, without fear of wetting myself.
- I could not postpone voiding, but had to rush to the toilet in order not to wet myself.
- I leaked before arriving to the toilet

DAY ONE:		DATE _____		
Time	In	Out	Wet	Urgency
07.00				
08.00				
09.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
19.00				
20.00				
21.00				
22.00				
23.00				
00.00				
01.00				
02.00				
03.00				
04.00				
05.00				
06.00				
Total				

DAY TWO:		DATE _____		
Time	In	Out	Wet	Urgency
07.00				
08.00				
09.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
19.00				
20.00				
21.00				
22.00				
23.00				
00.00				
01.00				
02.00				
03.00				
04.00				
05.00				
06.00				
Total				

DAY THREE:		DATE _____		
Time	In	Out	Wet	Urgency
07.00				
08.00				
09.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
19.00				
20.00				
21.00				
22.00				
23.00				
00.00				
01.00				
02.00				
03.00				
04.00				
05.00				
06.00				
Total :				