

## Bladder Diary Instruction

*The frequency volume chart is an important part of the evaluation of your condition. It helps us to evaluate how the bladder works. Mathematical calculations will be completed with the information you provide.*

- Fill this record out as you go through the day. It is hard to remember at the end of the day. Take the record with you or jot down some notes on a smaller piece of paper and transfer it onto the record at the end of the day.
  - Accuracy is important.
  - This is a record of your typical bladder pattern. Pick typical days and try to record as many volumes as possible.
  - Complete 3 to 4 days and bring the completed records to your next visit.
  - Please reread these instructions several times during your recording to make sure you are completing the form correctly.
  - Please call your therapist if you have questions or are unsure \_\_\_\_\_
1. Circle the time you wake up to get out of bed for the day and the time you go to bed for the night. It is important to record every time you urinate, leak, or drink in the day or night. Please write in the exact time of the event.
  2. Record the amount of urine you urinate in the toilet in ml (or cc). Do not guess - if you are away from the house or cannot measure – place a √ in the box. Also note when you have a bowel movement by placing a “BM” in the box.
  3. Desire or sensation to void / urinate - There are many normal sensations from the bladder. Please grade the sensation related to the desire or need to void / urinate. Make sure to grade every time you empty your bladder
    - 0 = none - no sensation of needing to urinate, convenience void or “just in case”. May also be related to need to empty bowels
    - 1 = mild – mild sensation or desire to void, could be delayed for more than 60 minutes
    - 2 = moderate – moderate sensation or need to empty, could be delayed for more than 30 mins
    - 3 = severe – very strong need to empty which could be delayed no longer than 15 minutes
    - 4 = urgent – an urge so strong I must stop what I am doing NOW and go to the bathroom or else I will leak – can be delayed no more than 5 minutes
  4. Leak volume - It is nearly impossible to measure the amount of urine leakage (wetness in your pad or underpants). Please try to label the approximate size of each wetness. Please change your pad each time it is wet so you can tell the size of the next wetness.
    - 1 = damp – just a few drops
    - 2 = wet – 15 to 50% of the pad is wet
    - 3 = soaked – more than 50% of the pad is wet
  5. Description of leak – it is important to note the circumstances surrounding the leak. Please a check mark one of these boxes for every wetness / leak recorded.
    - Felt leak with activity – mark here if the urine came out during a sneeze, cough, laugh, lift, bend, run, exercise, or any other movement or activity
    - Felt leak with strong urge – mark here if you felt a strong or desperate need to urinate and could not hold it back. This includes leaks which occurred during walking to the bathroom with a strong urge.
    - Wetness discovery – mark here if you went to the bathroom and found wetness but do not know when it occurred.
  6. Drink type / amount – record the intake of fluids throughout the day and night. Please note if it is caffeine. Be specific about the volume. If you sip during the day, put the total volume in when you start and make a line down to indicate how long you took to finish.

1. Write in the specific time  
Circle "wake up time" and "bed time"

2. Record the amount of urine in the toilet in ml. If you cannot measure – place a √ in the box

6. Record the amount and type of fluid you take in.

Specific time	Volume of void in ml or √	Desire to void 0 to 4	Leak volume 1 to 3	Felt leak with activity	Felt leak with strong urge	Wetness discovered	Drink type/ amount
5 AM							
6 AM 6:30	350	2					10 oz coffee
7 AM			1	√			16 oz water
8 AM 8:15	150	1					
9 AM 9:30	√ BM	1					
10 AM							
11 AM 11:45	200	3	2		√		12 oz soda

3. Desire or sensation to void / urinate  
0 = none  
1 = mild  
2 = moderate  
3 = severe  
4 = urgent

4. Leak volume  
1 = damp  
2 = wet  
3 = soaked

5. Make a check in one of these boxes for every leak recorded