

BLADDER DIARY INSTRUCTIONS

For two days and one night please record the following information:

- Date; time you went to the toilet
- Urge to pass urine using this scoring system:
 - 0 = No bladder sensation + not wanting to pass urine, i.e. like a "just in case" visit to toilet
 - 1 = Sense of bladder filling + not wanting to pass urine, could delay 1 hr
 - 2 = Wanting to pass urine, but could delay 30 mins
 - 3 =Strongly wanting to pass urine, unable to delay > 15mins, i.e. normal urge
 - 4 = Urgently wanting to pass urine, unable to delay 5 mins, i.e. "busting"
- Amount of urine passed, please use a measuring jug & record in mL
- Any urine leakage (drops, 50 c piece, knickers wet, down legs)
- All drinks (including tea, coffee, alcohol)

DATE	TIME (Passed Urine)	URGE TO PASS URINE (0-4)	VOL PASSED	LEAKAGE	TIME (Drank Fluid)	FLUID INTAKE
e.g.	9:00am	3	200mL	Down legs	8am	1 cup tea
	11:00am	2	150mL	50 c	9.30am	1 glass H₂O
					11.00am	1 cup tea

DATE	TIME (Passed Urine)	URGE TO PASS URINE (O-4)	VOL PASSED	LEAKAGE	TIME (Drank Fluid)	FLUID INTAKE