

BLADDER DIARY INSTRUCTIONS

To enable me to complete a thorough analysis of your bladder and pelvic floor symptoms, I need to gain a true understanding of how your bladder is functioning. I appreciate that this diary may be difficult to complete, but it is essential information for your treatment. I need you to complete this diary for 2 days (ideally consecutive), from the time you wake up on Day 1 to the time you wake up on Day 3.

1. TIME

Time you went to the toilet

2. URGE

This refers to how strong your urge to pass urine was from 0 - 4

0 = NO SENSATION OF ANY URINE IN THE BLADDER

1 = SENSATION OF SOME URINE BUT NO DESIRE TO VOID

2 = MILD TO MODERATE DESIRE TO VOID

3 = STRONG DESIRE TO VOID

4 = URGENT DESIRE TO VOID

3. LEAKING

Please record here any time during the day you may have leaked urine and the amount you leaked

S = SMALL (FEW DROPS)

M = MODERATE (UNDERWEAR DAMP)

L = LARGE (OUTER CLOTHING WET)

4. VOLUME OF URINE/BOWELS

A) MEASURE THE AMOUNT OF URINE YOU PASS IN AN OLD MEASURING JUG OR ICE CREAM CONTAINER, THIS IS THE MOST DIFFICULT PART TO DO

B) WRITE 'B' IF YOU OPEN YOUR BOWELS

5. 6. AND 7. FLUID INTAKE

Record the time, type and amount of fluid you drink including soup

BLADDER DIARY - DAY 1

| 1. TIME | 2. URGE (0-4) | 3. LEAKING | 4. URINE VOLUME/ BOWELS | 5. FLUID INTAKE TIME | 6. FLUID INTAKE TYPE | 7. FLUID INTAKE VOLUME |
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