

What you should know about a Bladder Diary

- Record 3 consecutive days minimum. Every 2-pages represents a 24hr period/1-day.
- This Diary is to help identify your bladder habits and patterns so that your GP/specialist/physiotherapist can establish a baseline as to where you are now and help discern what type of bladder issue(s) you are experiencing.

On each page record the following:

- Name and date of birth.
- Note the time you woke up and time you went to bed.

Record each of these actions or incidents on a separate line with every occurrence and note the time:

- **When you pass urine** – note the **Time** you voided (08h15) or to the closest hour, the amount (mrak little or lots), describe the nature of your urinary stream (Is it...strong & constant / difficult to start / constant dribble / inconstant dribble / spurting strong wide spray / spurting weak thin line etc.
- Note with a mark with a ✓ whether you felt the urge to go (yes/no), if you did feel the urge mark whether it was urgent (could you hold it for 15minutes? Yes/no), mark if your bladder was completely empty once voided (Yes/no).
- **When you have an accident or leak during the day** – note the **Time**, mark whether it was an accident or a leak and describe what you were doing in the Activity column.
- Mark ✓ whether you **wet the bed overnight or not** also mark if you have a **UTI or not**
- **When drinking fluids** – note the time, and in the Fluid Check column note what and how much you drank. E.g. 1x cup decaffeinated coffee + skim milk + 2 sugars / 2x draught beers / 1x glass of water / 1x can of sprite zero. Fluids include ice-cream and soup. If you notice anything when consuming any fluid, provide comments E.g. Soon as I finished sprite zero, I felt a sharp pain in my bladder or dull ache in my tummy or had a desperate need to go urinate (wee).
- **When taking medications (prescribed or over-the-counter) or vitamins or supplements** – note the **Time** and what you took (include not only prescribed meds but also over-the-counter meds, vitamins and supplements. If you notice any strange reactions after taking them note them in the **Do you have any pain** column. E.g. 30mins after taking (name the med/sup), I had urgent need to go (wee).
- **If you notice any symptoms or strange pains happening randomly during the day or night** - note the Time (if you can't remember the time exactly make it to the nearest hour) and write a description of what you were doing at the time in the **Activity column** and the **Do you have any pain** column. **13h00** | I was driving my car | I felt a dull ache in my uterus.

Find herewith a 3-day bladder diary for you to use (This is the minimum days needed for your physician or specialist)

Bladder Diary

- Keep this diary accurately each day, for about 3 consecutive days.
- Make a note of each action or incident on a separate line.
- ✓ where applicable

Name: _____

Date of Birth: _____

Day: 1

Awoke at:

Went to bed at:

Time	Amount of Urine When Voiding ✓		Nature of Stream Check out the KEY in the notes on page 1	Any Urge to go? ✓		Urgency (unable to postpone for 15mins) ✓		Did you manage to empty your bladder completely? ✓		Any Leaks Note Time + Activity ✓		Day time Accidents Note Time + Activity ✓		Did you wet your bed overnight? ✓		Do you have a UTI? ✓		What fluids did you drink (incl: soup & ice-cream)? Note Time	Medications Note Time (name of prescribed / over-the-counter / Supplements)	Activity Note Time	If you have any pain? Describe type, location the pelvis - activity?	
	Little	Lots		Y	N	Y	N	Y	N	Little	Lots	Y	N	Y	N	Y	N					
00h00			E.g. spurting strong wide spray															E.g. 1 mug coffee + milk + sweetener	2x Panado	Example: Running for 1 hr	E.g. Burning in bladder when voiding wee	

If you have not already spoken to your doctor/specialist about a bladder problem, it could be helpful to take this diary with you to your appointment.

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Name: _____

Date of Birth: _____

Day: 2

Awoke at:

Went to bed at:

Time	Amount of Urine When Voiding ✓		Nature of Stream Check out the KEY in the notes on page 1	Any Urge to go? ✓		Urgency (unable to postpone for 15mins) ✓		Did you manage to empty your bladder completely? ✓		Any Leaks Note Time + Activity ✓		Day time Accidents Note Time + Activity ✓		Did you wet your bed overnight? ✓		Do you have a UTI? ✓		What fluids did you drink (incl: soup & ice-cream)? Note Time	Medications Note Time (name of prescribed / over-the-counter / Supplements)	Activity Note Time	If you have any pain? Describe type, location the pelvis - activity?	
	Little	Lots		Y	N	Y	N	Y	N	Little	Lots	Y	N	Y	N	Y	N					
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Date of Birth: _____

Day: 2

Awoke at:

Went to bed at:

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Name: _____

Date of Birth: _____

Day: 3

Awoke at:

Went to bed at:

Time	Amount of Urine When Voiding ✓		Nature of Stream Check out the KEY in the notes on page 1	Any Urge to go? ✓		Urgency (unable to postpone for 15mins) ✓		Did you manage to empty your bladder completely? ✓		Any Leaks Note Time + Activity ✓		Day time Accidents Note Time + Activity ✓		Did you wet your bed overnight? ✓		Do you have a UTI? ✓		What fluids did you drink (incl: soup & ice-cream)? Note Time	Medications Note Time (name of prescribed / over-the-counter / Supplements)	Activity Note Time	If you have any pain? Describe type, location the pelvis - activity?	
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Bladder Diary - Reminders

1. Remember to record the time you woke up in the morning and the time you went to sleep.
2. Keep a clock in the bathroom so that you can see around what time you went to the toilet at night.
3. Remember to record what happened overnight when you get up in the morning to the nearest hour if you don't know the exact time.
4. Try and make a record of things just after they happen during the day in case you forget them later on.
5. If you don't know the exact time, just record things to the nearest hour.
6. Record type and amount of drinks taken (e.g. 1 cup tea + xylitol, 1 mug decaffeinated coffee + stevia, 1 can coca-cola, 1 glass water/wine /juice, 2 draughts of beer)
7. Try to record 3x consecutive days in a row.
8. We have provided 6 sheets for 3 days.
9. The minimum you should record for your doctor is at least 3 days.
10. Start a new set of sheets for each new day.
11. Print more of pages 2 – 7 should you wish to record more than 3 days.
12. If your urine is cloudy, smells unpleasant or burns when you urinate, you may have an infection. However, this will need to be determined by your physician so, ensure you go and see your doctor.
13. If you have not yet subscribed for the full 8-part report titled, **The Road to Pelvic Health for All**, you can do so here www.pelvichealthsubscribe.betamarketing.co.za
14. Night-time:
 - Remember to empty your bladder at night before you go to bed and try and resist any urges to further empty your bladder before you go to sleep.
 - Make a note if you wet the bed not.