

Bladder Diary *(Frequency - Volume Chart)*

Purpose : Template for the recording of fluid input and urine output, with information pertinent to incontinence.

Admin time : 3 days

User Friendly : High

Administered by : Self

Content : Instructions and template for the recording of urinary in and output, type of drink taken, degree of urgency experienced, and additional information about when urine was voided and/or leakage experienced.

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<https://www.cgakit.com/g-2-frequency-volume-chart>

Using a bladder diary

A bladder diary will help you record the amount of urine you pass every time you go to the toilet and every time you leak.

Recording

Take a record over at least 3 days.

It will give a clearer picture of your pattern of urine leaking function over the day and night, including any effects of fluids that are "bladder-irritants".

Keeping a diary can be helpful for your medical carer, providing useful information for diagnosis and management planning.

Looking back at the entries in your diary could be helpful for you anticipating problems, so you're ready for a possible leakage episode. Perhaps there's a problem at a particular time of the day, or overnight, or following certain drinks or foods? It can be difficult to remember every time you pass urine, so writing this information down will help.

Be aware that the part of the week you choose to record may be significant – your weekends may be quite different to a week-day, for example.

Measuring

When collecting urine to measure the volume passed, you will need to measure this fairly accurately.

To make recording of drinks easier, note the amount that your favourite tea/coffee-cup or glass holds - use this to record your drinks in "mls".

You could use a good-sized measuring jug to "wee" into.

Make a note of the volume for your diary before tipping its contents into the toilet. Or you may find it easier to use a large plastic container (such as an ice-cream container) and set this directly down into the toilet. Then tip the contents into the measuring jug.

Your bladder diary is all about recording four important things

1. Input (fluids drunk)

Record the day and time of day the drink was taken.

Also record the amount of fluid taken in.

Record the type or names of all fluids that you drink.

Be aware that "fluids" also includes foods that are mainly liquid, such as soups, jellies and custards.

2. Output

Record the amount of urine you pass over at least 3 days and nights (Make these 3 consecutive days if you can).

Record the amount of urine passed with full bladder control.

3. Urgency

Record the degree of urgency to pass urine you experienced on a scale of 0-10 where 0 = no urge felt, 10= severe urge

4. Leakage

Record the amount of any leakage of urine.

Small = few drops, Medium = small pad full, Large = soaked.

5. Circumstances

Where you were, or what you were doing, at the time of leakage is important information, both for your own awareness and for a continence assessment (see below).

"Circumstances" will include whether you felt an urgent, sudden need to pass urine just before the leakage happened, or you leaked when you coughed or while lifting, or you leaked doing light work or exercise, for example.

Perhaps you arrived home, put the key in the door and lost control before you reached the toilet?

Maybe at the time you leaked you weren't aware you were losing urine?

Or perhaps you got out of bed in the morning and, as you stood up, you "lost it".

Continence assessment and your bladder diary

Incontinence is a complex condition and may involve many interacting factors.

Your fluid intake, the amount of urine you pass, the circumstances and feelings around leakage episodes, and other health problems you may have (including any medicines taken for other conditions) are all important pieces of information for a true picture of your incontinence.

A bladder diary is a part of your continence assessment.

Your doctor may also order some other specialised tests.

A treatment program will then be worked out individually for you, based on this assessment.

Treatment may involve a range of strategies, such as medication, continence physiotherapy, or changes to diet or fluid intake, or even surgery.

To be effective, a treatment program will be based on information gleaned from your bladder diary, as well as your individual experiences, your age, living circumstances (such as if you have an at-home carer), your past medical history, and similar considerations.

