Dear Patient,

This bladder diary has been given to you / the person accompanying you in order to pinpoint the cause of your symptoms. This record gives us an exact account of the frequency of your trips to the toilet, the quantity of voided urine and how you empty your bladder in relation to the amount you drink. This is why a detailed documentation is important!

Instructions for filling in the diary:

You should record your information for at least 2 consecutive days (ideally at the weekend) – e.g. from morning urine on Saturday to morning urine on Monday.
If you are scheduled for our “Bladder School”, please fill in a bladder diary for 2x2 days.
Don´t change your habits during the recording of the bladder diary (don´t remind your child to go to the toilet more often or drink more than usual), because we want to get an impression of your everyday situation.

We recommend putting a plastic bowl or a similar small container in the toilet for easy measurements while being able to void your bladder in a comfortable and relaxed position. Use the position to void that you would use normally either sitting or standing. After emptying your bladder, pour the **urine into the measuring cup** to determine the voided volume and write it into the table provided on the next page.

For documenting the **intensity of your urinary urgency**, and whether your trousers or underwear are wet, we recommend using the categories of mild (+), moderate (++) and severe (+++).

Notate the **Fluid intake** in milliliters (ml). For an easier process we advise you to measure the filling capacity of your favorite jug beforehand and to use this for the further evaluation.

If we need you to record the residual amount after voiding (double voiding) we will tell you this beforehand and give you a detailed instruction. Otherwise you can leave this row blank.

Your Children's Urology team

Informationsblatt

Blasentagebuch (Englisch) Bladder Diary

Ordens klinikum Linz | Barmherzige Schwestern Elisabethinen

Patient label

Name:_____

Date:_____**got up at**: _____

Time	Fluid intake (ml)	What kind? (drinks, soups)	Time	Volume of urine (ml)	Residual urine / Double voiding (ml)	Under-wear wet	Urgency
Total (ml)			**Total (ml)**				

went to bed at:_____

bowel movement: yes ☐ no ☐ **Time**: _____

hard ☐ soft ☐ diarrhea ☐ faecal soiling ☐

You only need to fill in this form if you child wets the bed:

Voided volume after waking up your child approx. 2 hours after going to bed	Voided volume after waking up your child approx. 5 hours after going to bed	Morning urine (1st void after getting up in the morning)
Amount (ml): _____	Amount (ml): _____	Amount (ml): _____
Time:	Time:	Time:
Wet bed: yes ☐ no ☐	Wet bed: yes ☐ no ☐	Wet bed: yes ☐ no ☐

As an alternative: weigh dry and full nappies

Informationsblatt

Blasentagebuch (Englisch) Bladder Diary

Ordens klinikum Linz | Barmherzige Schwestern Elisabethinen

Patient label

Name: _____

Date:_____ **got up at**: _____

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Total (ml)			**Total (ml)**				

went to bed at:_____

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Time:	Time:	Time:
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Time:	Time:	Time:
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