Information for parents and carers

NHS
Berkshire Healthcare
NHS Foundation Trust

Bladder and Bowel Diary

Name:	
Date of Birth:	Gender:
NHS Number	
Address:	
Phone:	
GP surgery:	

Contact us

Contact our team if you have any questions regarding completion of this diary.

Call 0118 904 6540 from 10am to 2pm, Tuesday to Thursday

Please complete this diary and send back to the Continence Team within 14 days.

Email continence@berkshire.nhs.uk

Post to Continence Advisory Service

Wokingham Hospital

41 Barkham Road Wokingham

Berkshire

RG41 2RE

This information is needed as part of your assessment and should be completed prior to your assessment.

Bladder diary

Day 1 **Name:** **DOB:**

Date: **Time Woken:** **Time asleep:**

Bladder function					Fluids		
Time	Interval	Urine Volume	Leaks	Urge	Time	Volume	Type
Total					Total		

Day 2

Date: **Time Woken:** **Time asleep:**

Bladder function					Fluids		
Time	Interval	Urine Volume	Leaks	Urge	Time	Volume	Type
Total					Total		

Day 3

Date: **Time Woken:**

1st wee on day 3 only				
Time	Interval	Urge	Leakage	Urine volume

Completing your Bladder Diary

For the next 2 days you are going to record every time you pass urine. An old plastic measuring jug can be used. Try to make sure you are fully relaxing when on the toilet to avoid 'hovering'.

Record the time that you pass urine and how long it has been since the last time you went.

Decide how urgent your 'void' (passing urine) was using the following scale.

If you have leakage tick the box or add some notes.

Make sure to record how much urine you passed by measuring it in a jug.

Please also record how much fluid you drink and what type it is on the right-hand side of the table.

Bladder Sensation Scale

Number	Description	Timer Criteria
0	No bladder sensation	Could delay indefinitely
1	Sensation of urine but not desire to void	Could delay 1 hour
2	Mild sensation to void	Could delay 30 minutes
3	Strong desire to void	Could delay 15 minutes
4	Urgent desire to void	Unable to delay 5 minutes

Bladder Diary (for example)

Bladder function					Fluids		
Time	Interval	Urge	Leaks	Urine Vol	Time	Type	Volume
6am	7 hours	3		300	6.30	Tea	250
8.50	2hours 50	2		280	7.30	Tea	200
11.30	1 hour 40	4		350	10am	water	250
1:40	2 hours 10	2		180	12.30	squash	250
4.15	2 hours 35	3	yes	200	1.30	water	100
7pm	2 hour 25	2		90	4pm	tea	250
10.30	3 hours 30	3		380	7.45	wine	300
Total				1780	Total		1600

Symptom profile

Please read through all statements before ticking those most relevant to you. Feel free to add comments.

Stress	
I leak when I laugh, cough, sneeze, run, or jump	
I only ever leak a small amount of urine	
At night, I only use the toilet once or not at all	
I always know when I have leaked	
I leak without feeling the need to empty my bladder	
Only my pants get wet when I leak (not outer clothing) or I sometimes wear a panty liner	

Overactive bladder	
I feel a sudden strong urge to pass urine and have to go quickly	
I feel a strong uncontrolled need to pass urine prior to leaking	
I leak moderate or large amounts of urine before I reach the toilet	
I feel that I pass urine frequently	
I get up at night to pass urine at least twice	
I think I had bladder problems as a child	

Overflow	
I find it hard to start to pass urine	
I have to push or strain to pass urine	
My urine flow stops and starts several times	
My urine stream is weaker and slower than it used to be	
I feel that it takes me a long time to empty my bladder	
I feel as if my bladder is not completely empty after I have been to the toilet	
I leak a few drops of urine on to my underwear just after I have pass urine	

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**

Please make a note of which most closely resembles your stool, then record it in the chart.

Bowel Chart

What happens when you go to the toilet?

Record all bowel movements for 7 days

Day/Date	Time	Bristol Stool Type	Did you Strain? Yes/No	Did you assist evacuation? Yes/No	Did you feel the urge to open your bowels? Yes/No	Accident Loose or Solid	Stained underwear?
EXAMPLE 1/1/21	17.30	2	No	Yes	No	Solid	No

Food Record Diary

Record everything you eat and drink each day, including times

Day/Date	Breakfast	Lunch	Dinner	Snacks	Non Alcoholic drinks (Cups / Glass)	Alcohol (Glasses)	Other comments (if meals were no typical)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Bowel Symptom Profile

Please tick the statements which describe your symptoms:

There have been recent changes to my bowel habits ☐

I have my bowels open less than 3 times per week ☐

I have to strain and push hard to empty my bowels ☐

It takes me a long time to empty my bowels ☐

I still feel I need to go after having my bowels opened ☐

I have to insert a finger into my vagina/ anus to help my bowels empty ☐

Mucus leaks from my anus ☐

Blood leaks from my anus ☐

My anus feels itchy and irritated ☐

My underwear sometimes becomes soiled ☐

I have no control over the wind that I pass ☐

I can't control a loose motion/ poo ☐

I can't control a formed motion/ poo ☐

I have had bowel surgery or investigations in the past ☐

Please provide further information

I have a diagnosed bowel condition ☐

If yes please provide further information: ☐

On a scale of 0-10 (where 0 = doesn't bother you at all & 10 is severely affects your life- what would your score be? _____

Please add additional information you might like to advise us of as part of your referral to us.

Bladder and Bowel (Continence) Service

We provide a variety of specialist continence treatments and advice for anyone with bladder or bowel problems.

You do not need to be incontinent to receive treatment and support from us. For example, you may feel that you go to the toilet too frequently, or that your bladder or bowels are limiting your lifestyle.

Your GP or any other healthcare professional can refer you to our service.

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