

# Bladder Diary

This diary will give you and your healthcare provider an excellent baseline overview of your current bladder and bowel frequency and function.

Keep track and write in the log throughout the day. If you save it for the end of the day, it's very difficult to remember details!

## INSTRUCTIONS

### Column 1 - Time of Day

The diary begins at midnight and covers 24 consecutive hours. Select the block that corresponds to the time of the activity.

### Column 2 - Type & Amount of Fluid & Food Intake

- Record the type and amount of fluid you drink
- Record the type and amount of food you eat
- Record when you wake up and when you go to bed

### Column 3 - Amount Voided (Urinated): 2 ways to check

Record the time of day and amount of pee or poop. Use the first method unless directed by your health care provider to directly measure or count urine amounts. Record a bowel movement with a BM at the appropriate time.

1. Place an S,M,L, in the box at the corresponding time interval each time you urinate.

S- SMALL= seemed like a small amount, or urinated "just in case".

M- MEDIUM= seemed like an 8-ounce measuring cup would run over.

L- LARGE= seemed like the amount you urinate when you first wake up in the morning.

2. If you have difficulty gauging the amount of urine, you may record seconds by counting "one - one thousand" (this equals one second) while emptying your bladder. Record the total number of seconds it took you to void.

### Column 4 - Amount of Leaks

Record the amount of urine loss at the time it occurred.

S- SMALL= drop or two of urine

M- MEDIUM= wet underwear

L- LARGE= wet outerwear or floor

### Column 5 - Was Urge Present

Describe the urge sensation you had as:

- 1 - MILD= first sensation of need to go
- 2 - MODERATE= stronger sensation or need
- 3 - STRONG= need to get to toilet, move aside!

### Column 6 - Activity with Leaks

Describe the activity associated with the leaking, i.e. coughed, heard running water, sneezed, bent over, lifted something or had a strong urge.

Comments – Record pain or other helpful info. If a pad change was needed, record the number used during the day at the bottom of the page.

# Bladder Diary

Name \_\_\_\_\_

Date \_\_\_\_\_

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided in Ounces or S /M /L or seconds	Amount of Leaks S /M /L	Was Urge Present 1 /2 /3	Activity With Leaks
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
NOON					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					

Comments: \_\_\_\_\_

Number of pads used today: \_\_\_\_\_