

## KEEPING A RECORD OF BOWEL AND BLADDER FUNCTION

The main purpose of a bladder diary is to document how your bladder functions. A diary can give your health care provider an excellent picture of your bladder functions, habits and patterns. At first, the diary is used as an evaluation tool. Later, it will be used to measure your progress on bladder retraining or leakage episodes.

**Please complete a bladder diary every day for \_\_\_\_\_ days and bring it with you to your appointment.**

Your diary will be more accurate if you fill it out as you go through the day. It can be very difficult to remember at the end of the day exactly what happened in the morning.

### INSTRUCTIONS

#### **Column 1 - Time of Day**

The diary begins with midnight and covers a 24 hour period. Afternoon times are in bold. Select the hour block that corresponds with the time of day you are recording information.

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

- Record the type and amount of **fluid** you drank
- Record the type and amount of **food** you ate
- Record when you woke up for the day and the hour you went to sleep

#### **Column 3 - Amount Voided (Urinated): Three methods**

Record the time of day and amount voided. 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.
3. Measure urine amounts with a collection device. The best method is a collection “hat” that can be placed directly over the toilet. Ask your provider where to get one. Some people use 2-4 cup measuring containers, but it is sometimes difficult to catch the urine with these. Record the measured ounces of urine in the box at the corresponding time interval each time you urinate.

#### **Column 4 - Amount of Leakage**

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 Leakage**

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

**Comments** – (at the bottom of the log table) Special problems and new or changes in medication are recorded here. If a pad change was needed, record the number used during the day at the bottom of the page.

**Daily Voiding Log Sample**

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided in Ounces or S /M /L or seconds	Amount of Leakage S /M /L	Was Urge Present 1 /2 /3	Activity With Leakage
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am	Woke up at 6:45 am	L		3	
7:00 am	Coffee, bagel				
8:00 am			M		Fast walking
9:00 am	Apple	M		2	
10:00 am					
11:00 am		S		1	Key in the door
<b>NOON</b>	Tuna sandwich, milk, pear				
<b>1:00 pm</b>					
<b>2:00 pm</b>		M		2	
<b>3:00 pm</b>	Tea, cookies		S		Running water
<b>4:00 pm</b>					
<b>5:00 pm</b>					
<b>6:00 pm</b>	Chicken, corn pudding, salad, apple juice	M		3	
<b>7:00 pm</b>					
<b>8:00 pm</b>			S	3	
<b>9:00 pm</b>					
<b>10:00 pm</b>	To bed at 10:30	M		3	
<b>11:00 pm</b>					

Comments: week before period \_\_\_\_\_ Number of pads: \_

## Record of Bowel and Bladder Function

Name \_\_\_\_\_

Date \_\_\_\_\_

Time of Day	Type & Amount of Food & Fluid Intake	Elimination U = Urinate BM = Bowel Movement type	Amount of Leakage S /M /L S/P/T/C	Was Urge Present 1 /2 /3	Activity With Leakage
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					
<b>Noon</b>					
<b>1:00 pm</b>					
<b>2:00 pm</b>					
<b>3:00 pm</b>					
<b>4:00 pm</b>					
<b>5:00 pm</b>					
<b>6:00 pm</b>					
<b>7:00 pm</b>					
<b>8:00 pm</b>					
<b>9:00 pm</b>					
<b>10:00 pm</b>					
<b>11:00 pm</b>					

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

Comments: