

KEEPING A RECORD OF YOUR BOWEL AND BLADDER FUNCTION

The main purpose of this diary log is to document how your bowel and bladder functions. At first, the log is used as an evaluation tool. Later, it will be used to measure your progress.

Please complete a bladder log every day for 2 days and bring it with you to your appointment.

Your log 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 log 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 Eliminated

Record a bowel movement with a "BM" at the appropriate time. Make comments on consistency of stool. Record urination with a "U" and give an estimate of the amount.

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.

Column 4 - Amount of Leakage

Record the amount of leakage at the time it occurred.

For urination use (U):

S - SMALL= drop or two of urine

M - MEDIUM= wet underwear

L - LARGE= wet outerwear or floor

For bowel movement use (BM):

S - Stain on underwear

P - Partial movement

C - Complete loss

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.

Notes – (at the bottom of the 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 Diary example

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
12:00a					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00	Woke up at 6:45am	L		3	
7:00	Coffee 8 ounces, bagel				
8:00			M		Fast walking
9:00	Apple	M		2	
10:00					
11:00		BM: S		1	Key in the door
12:00p	Tuna sandwich, milk 6 ounces, pear				
1:00					
2:00		M		2	
3:00	Tea, 6 ounces, Cookies		S		Running water
4:00					
5:00					
6:00	Chicken, corn pudding, salad. Apple juice 8 ounces	M		3	
7:00					
8:00			S	3	
9:00					
10:00	To bed at 10:30	M		3	
11:00					

DAILY BOWEL AND BLADDER DIARY

PLEASE FILL OUT and BRING WITH YOU to your first appointment .

NAME: _____

DATE: _____

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided Oz or CC U/BM: S/M/L	Amount of Leakage U: S/M/L; BM: S/P/C	Was Urge Present	Activity With Leakage
12:00a					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					
10:00					
11:00					
12:00p					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					
10:00					
11:00					

Comments:
Type of pad used: