

KEEPING A RECORD OF YOUR BLADDER FUNCTION

HOW TO KEEP YOUR BLADDER DIARY

The main purpose of a bladder diary is to document how your bladder functions. A diary can give your health care provider and excellent picture of your bladder functions, habits and patterns. The diary is first used as an evaluation tool. Later, it is used to measure your progress. Please complete a bladder diary every day for three days and bring it with you to your first appointment.

In the beginning, continue to go about your daily life as normal. You are making a written record of your normal bladder patterns so please avoid making any changes in your bladder routines. Your diary will be much 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. The diary plays an important part in your health care provider's ability to understand your problem and should not be taken lightly.

Also, if possible, remember to change your pad or clothing whenever you feel yourself leaking or notice that you are damp. A dry pad or pair of underwear will increase your awareness of problems and improve the accuracy of your record.

INSTRUCTIONS (Print of 3 copies of the diary, one for each day.)

Column 1 – Type and Amount of Fluid Intake and Food Intake

Record the type and amount of fluid that you drank.

The type and amount of food that you ate.

Note the hour you went to sleep and when you woke up for the day.

Column 2 – Amount Voided (Urinated)

Place a SM, MD, LG or the measured amount of urine in the box with the appropriate time interval each time you urinate during the day. You need to fill in ounces or cc or only one day. Use a urine collection "hat" or measuring cup for accurate amounts – other days use the following scale.

SMALL = seemed like small amount or urinated "just in case"

MEDIUM = seemed like a measuring cup would nearly run over

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

Column 3 – Amount of Leakage

SMALL = drop or two of urine

MEDIUM = wet underwear

LARGE = wet outerwear or floor

Column 4 – Activity with Leakage & Was Urge Present

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

MILD = first sensation or need to go

MODERATE = stronger sensation or need

STRONG = need to get to toilet, move aside!

NOTE: If pad change was needed, record the number used during the day at the bottom of the page on your diary.

Daily Voiding Diary

Time of Day	Type & Amount of Fluid and Food Intake	Amount Voided SM / MD/ LG	Amount of Leakage SM / MD / LG	Activity with Leakage & Was Urge Present
12:00 am				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00	Coffee, bagel	Lg		
8:00			Md	Fast walking
9:00	apple	Md		
10:00				
11:00		Sm		
12:00 pm	Tuna sandwich, milk, pear			
1:00				
2:00		Md		
3:00	tea and cookies		Sm	Running water
4:00				
5:00				
6:00	Chicken, corn pudding carrots, salad, apple juice	Md		
7:00				
8:00			Sm	STrong use
9:00				
10:00		Md		
11:00				
Comments:			Number of Pads Used:	

Daily Voiding Diary

Time of Day	Type & Amount of Fluid and Food Intake	Amount Voided SM / MD/ LG	Amount of Leakage SM / MD / LG	Activity with Leakage & Was Urge Present
12:00 am				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				
8:00				
9:00				
10:00				
11:00				
12:00 pm				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				
8:00				
9:00				
10:00				
11:00				
Comments:			Number of Pads Used:	

Add additional notes or information below.