



## PURSUIT PHYSICAL THERAPY

### Keeping a Record of Bladder Function

The main purpose of a bowel 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.

**Please complete a bladder diary every day for \_\_7\_\_ 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 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.

##### Column 2 — Type and Amount of Fluid and 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 — Elimination of Urine

Record the time of day and amount of urine emptied by writing a “U” for urinate. Place a “U” in the box at the corresponding time interval each time you empty

##### Column 4 – Amount of Leakage / Stool Loss

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 / Notes

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

**Comments** — Special problems and new or changed medications go 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      | Elimination<br>U = Urinate | Amount of Leakage<br>S / M / L | Was Urge Present?<br>1 / 2 / 3 | Activity With Leakage / Notes |
|-------------|---|----------------------------|--------------------------------|--------------------------------|-------------------------------|
| 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                        | U                          |                                | 3                              |                               |
| 7:00 am     | Coffee, bagel                             |                            |                                |                                |                               |
| 8:00 am     |   |                            | M                              |                                | Fast walking                  |
| 9:00 am     | Apple                                     | U                          | Pea sized                      | 2                              | No urge control               |
| 10:00 am    |   |                            |                                |                                |                               |
| 11:00 am    |   | U                          |                                | 1                              | Key in the door               |
| <b>NOON</b> | Tuna sandwich, milk, pear                 |                            |                                |                                |                               |
| 1:00 pm     |   |                            |                                |                                |                               |
| 2:00 pm     |   | M                          |                                | 2                              |                               |
| 3:00 pm     | Tea, cookies                              |                            | S                              |                                | Running water                 |
| 4:00 pm     |   |                            |                                |                                |                               |
| 5:00 pm     |   |                            |                                |                                |                               |
| 6:00 pm     | Chicken, corn pudding, salad, apple juice | M                          |                                | 3                              |                               |
| 7:00 pm     |   |                            |                                |                                |                               |
| 8:00 pm     |   |                            | S                              | 3                              |                               |
| 9:00 pm     |   |                            |                                |                                |                               |
| 10:00 pm    | To bed at 10:30                           | M                          |                                | 3                              |                               |
| 11:00 pm    |   |                            |                                |                                |                               |

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

## Record of Bladder Function

Name \_\_\_\_\_

Date \_\_\_\_\_

| <b>Time of Day</b> | <b>Type &amp; Amount of Food &amp; Fluid Intake</b> | <b>Elimination<br/>U = Urinate</b> | <b>Amount of Leakage<br/>S /M /L</b> | <b>Was Urge Present<br/>1 /2 /3</b> | <b>Activity With Leakage<br/>/ notes</b> |
|--------------------|---|------------------------------------|--------------------------------------|-------------------------------------|--|
| 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            |   |                                    |                                      |                                     |  |

|                     |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| <b>3:00<br/>pm</b>  |  |  |  |  |  |
| <b>4:00<br/>pm</b>  |  |  |  |  |  |
| <b>5:00<br/>pm</b>  |  |  |  |  |  |
| <b>6:00<br/>pm</b>  |  |  |  |  |  |
| <b>7:00<br/>pm</b>  |  |  |  |  |  |
| <b>8:00<br/>pm</b>  |  |  |  |  |  |
| <b>9:00<br/>pm</b>  |  |  |  |  |  |
| <b>10:00<br/>pm</b> |  |  |  |  |  |
| <b>11:00<br/>pm</b> |  |  |  |  |  |

Comments

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