**Bladder Diary Instructions**

A daily log can give your health care provider an excellent picture of how your bladder functions. **Please complete a bladder log every day for 2 days and bring it with you to your first 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.

**Column 1 - Time of Day**

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)**

Record the time of day and amount voided using one of the methods described below. Record a bowel movement with a BM at the appropriate time.

1. Place an S, M, or 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.

 2. If you have difficulty gauging the amount of urine, you may record seconds by counting

 “one - one thousand” while emptying your bladder. Record the total number of seconds it

took you to void.

 3. Measure urine amounts with a collection device or measuring cups.

**Column 4 - Amount of Leakage**

Record the amount of unplanned 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 the 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.

**DAILY VOIDING LOG**

***Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| --- | --- | --- | --- | --- | --- |
| Time of Day | **Type & Amount**of Food & Fluid Intake | Amount **Voided** Ounces,S /M /L orSeconds | Amount of**Leakage**S /M /L | Was**Urge**Present1 /2 /3 | **Activity** WithLeakage |
| **Midnight** |  |  |  |  |  |
| 1:00 am |  |  |  |  |  |
| 2:00 am |  |  |  |  |  |
| 3:00 am  |  |  |  |  |  |
| 4:00 am |  |  |  |  |  |
| 5:00 am |  |  |  |  |  |
| 6:00 am |  |  |  |  |  |
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| 9:00 am |  |  |  |  |  |
| 10:00 am |  |  |  |  |  |
| 11:00 am |  |  |  |  |  |
| **Noon** |  |  |  |  |  |
| **1:00 pm** |  |  |  |  |  |
| **2:00 pm** |  |  |  |  |  |
| **3:00 pm** |  |  |  |  |  |
| **4:00 pm** |  |  |  |  |  |
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| **6:00 pm** |  |  |  |  |  |
| **7:00 pm** |  |  |  |  |  |
| **8:00 pm** |  |  |  |  |  |
| **9:00 pm** |  |  |  |  |  |
| **10:00 pm** |  |  |  |  |  |
| **11:00 pm** |  |  |  |  |  |

**DAILY VOIDING LOG**

***Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| --- | --- | --- | --- | --- | --- |
| Time of Day | **Type & Amount**of Food & Fluid Intake | Amount **Voided** Ounces,S /M /L orSeconds | Amount of**Leakage**S /M /L | Was**Urge**Present1 /2 /3 | **Activity** WithLeakage |
| **Midnight** |  |  |  |  |  |
| 1:00 am |  |  |  |  |  |
| 2:00 am |  |  |  |  |  |
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| 10:00 am |  |  |  |  |  |
| 11:00 am |  |  |  |  |  |
| **Noon** |  |  |  |  |  |
| **1:00 pm** |  |  |  |  |  |
| **2:00 pm** |  |  |  |  |  |
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