

KEEPING A RECORD OF YOUR BLADDER FUNCTIONS

WHAT IS A BLADDER DIARY?

The main purpose of a bladder diary is to document how your bladder functions. A diary can give your therapist a good picture of your bladder functions, habits and patterns. The diary is first used as an initial assessment, and later is used as a tool to measure your progress.

Important, please read before you begin:

In the beginning, continue to go about your daily life, pick you “average day”. You are making a written record of your normal bladder patterns, so please avoid making any changes in your bladder routine.

NOTE: Your diary will be more accurate if you fill it out as you go through the day.

INSTRUCTIONS

Column 1- This is the time of day, rough estimates are OK. Please note when you awoke for the day, and when you went to bed

Column 2- Record the type and amount of fluid, in cups or ounces is fine

Column 3- This is the amount you voided, or urinated in the toilet. You'll need to measure in ounces or ml (30ml =1 ounce). You can use a “HAT” or measuring cup (urine is sterile, this seems gross, but it is OK). Another way, not as accurate, but will do just fine, is to count “Mississippi's”. For example, when your urine stream begins, you count 1 Mississippi, 2 Mississippi, 3 Mississippi...this would equal 3 ounces. Easy! 1 Mississippi equals 1 ounce. Don't count too fast.

Column 4- Note if you changed a “protective” pad to catch leaked urine. Mi= a mini pad, M= Maxi pad, PG=protective undergarment, such as a Depends. If you use something else, such as toilet paper, please write it in.

Column 5- Indicate if you had any leakage with an urge to urinate. Yes or No will be fine.

Column 6- Indicate if you had an urge to empty, but you were able to allow urge to subside, or you voided. A yes or No answer is fine.

Column 7- Indicate what type of activity did you notice leakage. Please also designate whether a small, medium or large amount was lost.

Please feel free to also add below any further information or comments you feel might be important to add below:

Thank you for your time and patience filling this out. Please contact me if you have questions or difficulties understanding the directions.

Column 1	2	3	4	5	6	7
Time of Day	Cups of Fluid Drank	Amount voided	New pad applied Mi=Mini M=maxi PG-protective under garment	Leakage with urge to empty bladder	Urge to empty, but no urine loss	Leakage with activity, S=small amount, M=medium, L=large. What activity?
12:00AM midnight						
1:00-3:00		4 ounces				
3:00-4:00						
5:00		6 ounces	M		yes	
6:00						
7:00	1 cup OJ, 1 cup coffee					M with cough
8:00		12 ounces			yes	
9:00						
10:00	1 C. water	4 ounces		yes		
11:00						
12:00 PM noon	1 C coffee					
1:00						
2:00		6 ounces	Mi		yes	
3:00	1C water					3:30, M walking for exercise
4:00		3 ounces				
5:00	2 C water					
6:00	12ounces beer					
7:00		16 ounces			yes	
8:00	1 C milk	3 ounces				
9:00	1 C water					
10:00		10 ounces			yes	
11:00						

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7:00						
8:00						
9:00						
10:00						
11:00						
12:00 PM noon						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						
11:00						