

Lawrence County



Physical Therapy Institute

Instructions for bladder diary

Column 1 – Time of Day

- Covers a 24 hour period to determine the entire day of bladder function

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 the hour you wake up for the day and hour you go to sleep

Column 3 – Amount voided (urinated): three methods

- Record the time and the amount voided. Please use the second method unless otherwise directed.
- Record a bowel movement as BM.
- Method 1: place S, M, or L in the box at the corresponding time
 - S - Small = seemed like a small amount, or urinated “just in case”
 - M – Medium = seemed like an 8 oz. measuring cup would run over
 - L – Large = seemed like the amount you urinate when you first wake up
- Method 2: count “one – one thousand” while emptying your bladder and record the amount of time with each voiding.
- Method 3: Measure urine with collection device. Best is to use a collection “hat” that can be placed directly over the toilet. Record measured ounces of urine in the box at each time of voiding.

Column 4 – Amount of leakage

- 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 sensation you had
 - 1 – Mild = first sensation of needing to go
 - 2 – Moderate = stronger sensation to void
 - 3 – Strong = need to get to toilet, get aside!

Column 6 – Activity with Leakage

- Describe the activity associated with the leakage, ie. Cough, heard running water, sneezed, lifted something

Comments

- At bottom for any special problems or changes in medications to be recorded.
- If a pad needed changed please record how many pads were used in the 24 hour period.

DAILY VOIDING LOG

Name: _____

Date: _____

Time of Day	Type & Amount of Food and Fluid Intake	Amount Voided Ounces, S/M/L or seconds	Amount of Leakage S/M/L	Was Urge Present 1/2/3	Activity with leakage
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					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					
7:00 PM					
8:00 PM					
9:00 PM					
10:00 PM					
11:00 PM					

Comments: _____

Number of Pads used Today: _____