

Bladder Diary

Name: _____

Date: _____

Time	Void (sec)	Drink (oz.)	Bowels	Leakage (U or S)	Time	Void (sec)	Drink (oz.)	Bowels	Leakage (U or S)
6 am					6 am				
7 am					7 am				
8 am					8 am				
9 am					9 am				
10 am					10 am				
11 am					11 am				
12 pm					12 pm				
1 pm					1 pm				
2 pm					2 pm				
3 pm					3 pm				
4 pm					4 pm				
5 pm					5 pm				
6 pm					6 pm				
7 pm					7 pm				
8 pm					8 pm				
9 pm					9 pm				
10 pm					10 pm				
11 pm					11 pm				
12 am					12 am				
1 am					1 am				
2 am					2 am				
3 am					3 am				
4 am					4 am				
5 am					5 am				
Lgst Void:		Total Ounces:		# of Leaks:	Lgst. Void:		Total Oz(s)		# of Leaks:
Total # of voids:			Total # of voids:						

How to Keep a Bladder Diary

1. Keep the diary for two days. Keep it with you for the two days so that you remember to fill it out.
2. Instead of measuring bladder volume with a measuring cup, we will use a timed voiding system, where you will count the length of time it takes you to void. For example, start at the beginning of your stream, counting 1- 1000, 2- 1000, 3- 1000, etc. Record the length of time from the beginning of your urine stream until it stops.
3. If you void twice in one hour, record the length of each stream with a double "/" between the numbers. For example, 4/5 at 7 am.
4. Record when you leak, by designating a "U" for leakage with an urge, and a "S" for leakage with a stress activity (ie. coughing, laughing, sneezing). You could also record what triggered your leakage, ie. coughing. So it would like this: **S/cough**
5. Record when you have a bowel movement
6. Record how much you drink in the number of ounces and what the type of fluid was that you had. For example, 8/water, 16/coffee. This does not have to be an exact science; you can estimate the volumes of your fluids. Don't forget that everything that is a liquid at room temperature needs to be recorded (ie. soup, ice cream)

So What Does that Mean?

1. Once you have completed at least two days, total the columns as instructed below.
2. Take the total number of hours that you were up during the day and divide it by the number of times that you voided. This is how frequently you go to the bathroom. (For example, I am up for 16 hours- sleep for eight hours- and I voided 8x. This means that I void an average of every 2 hours). Report this number to your instructor next week: _____. **If it is less than every 2 hours during the day, try starting the timed voiding program after next week's session.**
3. How many times did you get up during the night to void? _____
4. Add up the fluid column by using a (+1) for every 8 ounces (1 cup) of non-caffeinated, non-alcohol drink that you had. Add a (-1) for every 8 ounces (1 cup) of caffeinated drink or each alcoholic beverage. Total the numbers and that is how much hydrating fluid that you had: ____
Your new goal is: ____ (This will be discussed next week)
5. How much alcohol and coffee/tea/colas did you have on average: _____
6. Are you constipated? _____

How to objectively measure your urine loss: 24- hour pad test

It is very motivating to see objectively if your urine leakage in a 24 hour period is changing as you learn more about your bladder, urinary system and how to control it.

As such, it is helpful at the beginning of your program to do a 24-hour pad test. Keep your pads in a Ziploc baggie from a typical day and bring them into your next session for the nurse to weigh (you will also need to bring in a dry pad that you use so that the weight of the dry pads can be subtracted from the total).

If you have a food scale at home, you can do this on your own. You will be asked to bring in another 24 hour sample at the end of the program. Your nurse practitioner may continue to measure your progress this way.