

# Bladder Diary

DATE \_\_\_\_\_

TIME OF DAY	Type & Amount of Food & 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 AM					
2 AM					
3 AM					
4 AM					
5 AM					
6 AM					
7 AM					
8 AM					
9 AM					
10 AM					
11 AM					
NOON					
1 PM					
2 PM					
3 PM					
4 PM					
5 PM					
6 PM					
7 PM					
8 PM					
9 PM					
10 PM					
11 PM					

COMMENTS \_\_\_\_\_

NUMBER OF PADS USED TODAY \_\_\_\_\_



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# How to Use A Bladder Diary

The main purpose of a bladder diary is to track how your bladder works. The information gives your physical therapist an excellent picture of your bladder functions, habits and patterns. The log is used as both an evaluation tool and a way to measure your progress with bladder retraining.

Please complete the bladder diary we have provided for the amount of days requested by your physical therapist, and bring the completed pages to your next appointment. Your record will be more accurate if you fill it out as you go through the day. It can be difficult to remember exactly what happened if you wait until the end of the day. Contact us at **617-754-9100**, with any questions.

## INSTRUCTIONS

### Column 1 – Time of Day

Select the hour block that corresponds with the time of day you are recording information.

### 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 what hour you went to sleep

### Column 3 – Amount Voided

Record the time of day and amount you urinated. Star the times you go “just in case.” Record bowel movements by writing “BM” in the appropriate time block. There are two methods you can use to track the amount of urine voided.

1. Write an S, M or L in the box that corresponds with the correct 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 in the morning
2. Count the number of seconds it takes to empty your bladder by counting “one – one thousand” (this equals one second). Record this number in the box that corresponds with the time interval each time you void.

### 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 – Urge

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

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

**Comments:** List any special problems, new changes in medications, or short description of day. If a pad change was needed, record the number used during the day.