

## DAILY VOIDING DIARY

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Time of Day	Type & Amount of Food	Type of Fluid	Amount of Fluid	Amount Voided Oz or CC	Amount of Leakage SM/MD/LG	Was Urge Present	Activity With Leakage
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							

Comments \_\_\_\_\_ Number of pads used \_\_\_\_\_

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

Comments \_\_\_\_\_ Number of pads used \_\_\_\_\_

## **KEEPING A RECORD OF YOUR BLADDER FUNCTION**

### **HOW TO KEEP YOUR BLADDER DIARY**

The main purpose of a bladder diary is to document how your bladder functions. A diary can give your health care provider an excellent picture of your bladder functions, habits and patterns. The diary is first used as an evaluation tool. Later, it is used to measure your progress. Please complete a bladder diary for 2 days and bring it with you to your first appointment.

In the beginning, continue to go about your daily life as normal. You are making a written record of your normal bladder patterns so please avoid making any changes in your bladder routines. Your diary will be much 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. The diary plays an important part in your health care provider's ability to understand your problem and should not be taken lightly.

Also, if possible, remember to change your pad or clothing whenever you feel yourself leaking or notice that you are damp. A dry pad or pair of underwear will increase your awareness of problems and improve the accuracy of your record.

### **INSTRUCTIONS**

#### Column 1 - Type & Amount of Fluid Intake & Food Intake:

Record the type and amount of fluid you drank.

The type and amount of food you ate.

Note the hour you went to sleep and when you woke up for the day.

#### Column 2 - Amount Voided (Urinated):

Place the measured amount of urine in the box with the appropriate time interval each time you urinate during the day. You need to fill in ounces or cc or ml (30 ml equals about an ounce). Use a urine collection "hat" or measuring cup for accurate amounts (urine is sterile so using a baking measuring cup may seem gross but it is okay – other ways to measure include counting 1 Mississippi, 2 Mississippi, 3 Mississippi and if the stream is steady then for each "Mississippi" you have urinated 1 ounce. Don't count too fast.

#### Column 3 - Amount of Leakage:

SMALL= drop or two of urine in your underwear

MEDIUM= wet underwear

LARGE= wet outerwear or leaking onto the floor

**Column 4 - Activity with Leakage & Was Urge Present:**

Describe the activity associated with the leakage i.e. coughed, heard running water, sneezed, bent over, lifted something or had a strong urge. Describe the urge sensation you had to go as

MILD= first sensation of need to go.

MODERATE =stronger sensation or need.

STRONG =need to get to toilet, move aside!

Or write down if you just went to the bathroom “just in case” (before leaving work)

Note: If pad change was needed, record number used during the day at the bottom of the page.

Daily Voiding Diary example

Time of Day	Type & Amount of Food & Fluid Intake	Amount Voided SM/MD/LG	Amount of Leakage SM/MD/LG	Activity With Leakage & Was Urge Present
12:00 a				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00	Coffee 8 ounces, bagel, orange juice 8 ounces	12 ounces		
8:00			Medium	Fast walking
9:00	Apple			
10:00	Water 8 ounces			
11:00	Bowel movement	3 ounces of urine		
12:00 p	Tuna sandwich, milk 6 ounces, pear			
1:00				
2:00	Water 8 ounces	7 Mississippi		
3:00	Cookies, milk 6 ounces		Sm	Running water
4:00		2 ounces		No, just leaving work
5:00		7 ounces		
6:00	Chicken, corn pudding, carrots, salad. Apple juice 8 ounces			
7:00				
8:00	Went to bed	3 ounces	Sm	Strong urge
9:00		3 ounces		Thought I had to go

10:00				
11:00				

Comments:     week before period     Number of pads  
used   3