

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

The main purpose of a bladder log is to document how your bladder functions. A log can give your health care provider an excellent picture of your bladder functions, habits and patterns. At first, the log is used as an evaluation tool. Later, it will be used to measure your progress on bladder retraining or leakage episodes. **Please complete a bladder log every day for 4 days and bring it with you to your appointment.**

Your log will be 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.

### **INSTRUCTIONS**

#### **Column 1 - Time of Day**

The log begins with midnight and covers a 24 hour period. Afternoon times are in bold. Select the hour block that corresponds with the time of day you are recording information.

#### **Column 2 - Type & Amount of Fluid & Food Intake**

- Record the type and amount of **fluid** you drank
- Record when you woke up for the day and the hour you went to sleep

#### **Column 3 - Amount Voided (Urinated): Three methods**

Record the time of day and amount voided. Use the first method unless directed by your health care provider to directly measure or count urine amounts. Record a bowel movement with a BM at the appropriate time.

Place an S, M, L, in the box at the corresponding 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.

#### **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 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, sneezed, bent over, lifted something or had a strong urge.

**Comments** – (at the bottom of the log table) Special problems and new or changes in medication are recorded here. If a pad change was needed, record the number used during the day at the bottom of the page.

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DAILY VOIDING LOG

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

Time of Day	Type & Amount of Fluid Intake	Amount Voided, S /M /L	Amount of Leakage S /M /L	Was Urge Present Y/N	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					
<b>Noon</b>					
<b>1:00 pm</b>					
<b>2:00 pm</b>					
<b>3:00 pm</b>					
<b>4:00 pm</b>					
<b>5:00 pm</b>					
<b>6:00 pm</b>					
<b>7:00 pm</b>					
<b>8:00 pm</b>					
<b>9:00 pm</b>					
<b>10:00 pm</b>					
<b>11:00 pm</b>					

Comments \_\_\_\_\_

**Number of pads used today** \_\_\_\_\_