

Bladder and Bowel Diary

A bladder and bowel diary helps give you information about what and when you drink, how often, how much you urinate (pee), and when and why your bladder leaks. It also gives the same information about your bowels. This information helps us to learn more about your problem and plan your treatment.

How to Use the Bladder and Bowel Diary

- Write down the **time** that you drink, pee, or leak in the "time" column, including night hours.
- List the type and amount of fluid you **drink** in the "drink" column. Use the measurements: mL, ounces, or cups.
- Each time you **empty your bladder**, measure the urine in a container and write down the amount in the "void" column. If you can't measure it, estimate the amount as small, medium, or large (small = 150 mL or less, medium = 150 to 250 mL, large = 250 mL or more).
- Each time your bladder **leaks**, write in the "leak" column if it was a small, medium, or large amount (small = few drops, medium = wet underwear or pad, large = soaked clothes or pad).
- Write down what you think **caused** you to leak (for example: a cough, strong urge, or sudden movement). If it was because of an urge, write down how strong the urge was (1 = weak to 5 = strong).
- Write down each bowel movement and the type of stool (see the legend on the next page).
- Write down if you leak stool. Write down the type, amount, possible cause/trigger, and if you had the urge to go (0 = no urge to 5 = very strong urge).
- Write down if you had pelvic pain, and grade your pain.

Example:

Time	Amount and Type of Drink	Bladder: Amount in Container	Bowel Movement: Type (1 to 5)	Leaking and Urge? (0=none, 5=very bad)		Pelvic Pain (0=no pain 10=very bad)
				Amount and reason for loss Urine	Stool	
7:00 am		350 mL		Sm – cough, 2/5		
8:15 am	1 cup milk					0
9:30 am						
10:00 am		200 mL				
10:30 am	1 cup tea		3			2

Comments: My allergies are acting up.

Number and style of pads used today: 2 panty liners

- Your nurse or doctor will tell you the number of days to fill out this diary. Please bring it to your next appointment.

Bladder and Bowel Diary

Name: _____

Date: _____ Day #1 Day #2 Day #3

Time	Amount and Type of Drink	Bladder: Amount in Container	Bowel Movement: Type (1 to 5)	Leaking and Urge? (0=none, 5=very bad) Amount and reason for loss Urine Stool	Pelvic Pain (0=no pain 10=very bad)
6-7 a.m.					
7-8					
8-9					
9-10					
10-11					
11-12					
Noon-1 p.m.					
1-2					
2-3					
3-4					
4-5					
5-6					
6-7					
7-8					
8-9					
9-10					
10-11					
11-12					
12 a.m.-1 a.m.					
1-2					
2-3					
3-4					
4-5					
5-6					
Total					

Type of Bowel Movement or Leakage:

1. Liquid
2. Toothpaste-like
3. Formed but soft
4. Formed and hard
5. Pebble-like

Comments

Number and style of pads used in 24 hours _____

Bladder and Bowel Diary

Name: _____

Date: _____ Day #1 Day #2 Day #3

Time	Amount and Type of Drink	Bladder: Amount in Container	Bowel Movement: Type (1 to 5)	Leaking and Urge? (0=none, 5=very bad) Amount and reason for loss Urine Stool	Pelvic Pain (0=no pain 10=very bad)
6-7 a.m.					
7-8					
8-9					
9-10					
10-11					
11-12					
Noon-1 p.m.					
1-2					
2-3					
3-4					
4-5					
5-6					
6-7					
7-8					
8-9					
9-10					
10-11					
11-12					
12 a.m.-1 a.m.					
1-2					
2-3					
3-4					
4-5					
5-6					
Total					

Type of Bowel Movement or Leakage:

Comments

- 6. Liquid
- 7. Toothpaste-like
- 8. Formed but soft
- 9. Formed and hard
- 10. Pebble-like

Number and style of pads used in 24 hours _____

Bladder and Bowel Diary

Name: _____

Date: _____ Day #1 Day #2 Day #3

Time	Amount and Type of Drink	Bladder: Amount in Container	Bowel Movement: Type (1 to 5)	Leaking and Urge? (0=none, 5=very bad) Amount and reason for loss Urine Stool	Pelvic Pain (0=no pain 10=very bad)
6-7 a.m.					
7-8					
8-9					
9-10					
10-11					
11-12					
Noon-1 p.m.					
1-2					
2-3					
3-4					
4-5					
5-6					
6-7					
7-8					
8-9					
9-10					
10-11					
11-12					
12 a.m.-1 a.m.					
1-2					
2-3					
3-4					
4-5					
5-6					
Total					

Type of Bowel Movement or Leakage:

Comments

- 11. Liquid
- 12. Toothpaste-like
- 13. Formed but soft
- 14. Formed and hard
- 15. Pebble-like

Number and style of pads used in 24 hours _____