

# 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					
<b>Total</b>					

Type of Bowel Movement or Leakage:

Comments

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

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Number and style of pads used in 24 hours \_\_\_\_\_

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11-12					
Noon-1 p.m.					
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3-4					
4-5					
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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					
<b>Total</b>					

Type of Bowel Movement or Leakage:

Comments

6. Liquid

7. Toothpaste-like

8. Formed but soft

9. Formed and hard

10. Pebble-like

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Number and style of pads used in 24 hours \_\_\_\_\_

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10-11					
11-12					
12 a.m.-1 a.m.					
1-2					
2-3					
3-4					
4-5					
5-6					
<b>Total</b>					

**Type of Bowel Movement or Leakage:**

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

**Comments**

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**Number and style of pads used in 24 hours** \_\_\_\_\_