

KEEPING A RECORD OF BOWEL AND BLADDER FUNCTION

The main purpose of a diary is to document how your bowel and bladder function. A diary can give your health care provider an excellent picture of your bowel and bladder functions, habits and patterns. At first, the diary is used as an evaluation tool. Later, it will be used to measure your progress on retraining or leakage episodes.

Please complete a bowel and bladder diary every day for _____ days and bring it with you to your appointment.

Your diary 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 diary 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 the type and amount of **food** you ate
- Record when you woke up for the day and the hour you went to sleep

Column 3 – Elimination

A. 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.

1. 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.
2. If you have difficulty gauging the amount of urine, you may record seconds by counting “one - one thousand” (this equals one second) while emptying your bladder. Record the total number of seconds it took you to void.
3. Measure urine amounts with a collection device. The best method is a collection “hat” that can be placed directly over the toilet. Ask your provider where to get one. Some people use 2-4 cup measuring containers, but it is sometimes difficult to catch the urine with these. Record the measured ounces of urine in the box at the corresponding time interval each time you urinate.

B. Type of Bowel Movement: Bristol Stool Type Scale

1. Separate hard lumps, like nuts (hard to pass)
2. Sausage-shaped but lumpy
3. Like a sausage but with cracks on its surface
4. Like a sausage or snake, smooth and soft
5. Soft blobs with clear-cut edges (passed easily)
6. Fluffy pieces with ragged edges, mushy stool
7. Watery, no solid pieces; entirely liquid

Column 4 - Amount of Leakage

Record the amount of urine/fecal loss at the time it occurred.

- S- SMALL= drop or two of urine OR fecal stain/smear
- M- MEDIUM= wet underwear OR stool in underwear
- L- LARGE= wet outerwear or floor OR Incontinent, no control

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.

Daily Voiding Log Sample

Time of Day	Type & Amount of Food & Fluid Intake	Elimination U = Urinate BM = Bowel Movement type	Amount of Urine Leakage S /M /L	Amount of Fecal Leakage S /L	Was Urge Present 1 /2 /3	Activity With Leakage
Midnight						
1:00 am						
2:00 am						
3:00 am						
4:00 am						
5:00 am						
6:00 am	Woke up at 6:45 am	U-L			3	
7:00 am	Coffee, bagel					
8:00 am			M	S		Fast walking
9:00 am	Apple	BM-3, U-M			2	
10:00 am						
11:00 am		S			1	Key in the door
NOON	Tuna sandwich, milk, pear					
1:00 pm						
2:00 pm		M		S	2	
3:00 pm	Tea, cookies		S			Running water
4:00 pm						
5:00 pm						
6:00 pm	Chicken, corn pudding, salad, apple juice	M			3	
7:00 pm						
8:00 pm			S		3	
9:00 pm		BM-2				
10:00 pm	To bed at 10:30	M			3	
11:00 pm						

Comments: _____ week before period _____ Number of pads: 2

Record of Bowel and Bladder Function

Name _____

Date _____

Time of Day	Type & Amount of Food & Fluid Intake	Elimination U = Urinate BM = Bowel Movement type	Amount of Urine Leakage S /M /L	Amount of Fecal Leakage S /M /L	Was Urge Present 1 /2 /3	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						
Noon						
1:00 pm						
2:00 pm						
3:00 pm						
4:00 pm						
5:00 pm						
6:00 pm						
7:00 pm						
8:00 pm						
9:00 pm						
10:00 pm						
11:00 pm						

Number of pads used today _____

Comments: