

Patient Health Diary



Recording an accurate bladder diary can be time consuming, but it is an essential part of understanding your concerns. It provides a written record which helps document when and how you leak, and what type of fluids you drink. Sometimes just filling out this form can make you more aware of what causes your incontinence. Altering your intake may dramatically help you improve.

How to Use the Chart

Choose three days to record your activities. They do not have to be consecutive and one should be a weekend day. Begin in the morning and continue for the next 24 hours to complete one day. Use before any treatments.

White Columns

First column Note time of activity. Use separate space in column for each activity.

Second column Record which fluids you drank (including water) and record in ounces if possible

Grey Columns

Third column Record presence of any urgency (yes, no)

Fourth column Record amount of each void (drops, medium, large)

Fifth column Note the presence of any pelvic pain (yes, no)

White Columns

Sixth column Record any bowel movements and whether they are soft, hard or loose (diarrhea)

Seventh column Record any accidents or leaking. Note whether it was urine (circle) or stool (square).

Eighth column Estimate the amount of urine leakage (drops, medium, large)

Ninth column Record what you were doing at the time of the leak or anything that precipitated it

The presence of constipation and fecal incontinence is important to note since chronic constipation can affect your pelvic floor muscles and bladder. Diarrhea may indicate a weakened pelvic floor muscle. Pelvic pain is also important to record since it may be associated with a different type of incontinence.

Pad Use: Panty Liner Pad Brief Other _____

Dampness: Damp Wet Soaking Number per day: _____

Diuretic use: _____ Time taken: _____

Name: _____

Date: _____ Day 1 Day 2 Day 3

Day # Time	Fluids		Did You Urinate?		Bowel Movement S = Soft H = Hard L = Loose	Accident/Leaking			
	What did you drink?	How much did you drink? (ounces)	Did you feel a strong, sudden urge to urinate?	What amount each time? (drops, moderate, large)		Did you feel any pelvic discomfort?	Did you leak?	How much urine did you leak?	What were you doing at the time?
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	

Day # Time	Fluids		Did You Urinate?		Bowel Movement S = Soft H = Hard L = Loose	Accident/Leaking			
	What did you drink?	How much did you drink? (ounces)	Did you feel a strong, sudden urge to urinate?	What amount each time? (drops, moderate, large)		Did you feel any pelvic discomfort?	Did you leak?	How much urine did you leak?	What were you doing at the time?
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	
			Yes No	D M L	Yes No	S H L	Yes No	S M L	

The BayCare Pelvic Health and Wellness program offers a comprehensive, customized plan to meet your individual pelvic health issues. We help women of all ages feel secure in addressing their most intimate concerns. BayCare is there to help you take the first step in achieving pelvic wellness. Your quality of life depends on it.

