Patient Name

Date

Provider

Email to info@ihcsystems.net

Bladder Diary

Text to 678-431-4098

Complete a ONE Day diary AT LEAST 48 hours before FIRST and LAST ap Intake	Output 9 Approx. amt. of stool loss: 1 Smear 2 Liquid 3 Solid smear
Time of fluid intake intake Type of fluid intake intake Approx. time you emptied your bladder? * Small * Medium * Large * Soaked 3 Completely soiled * Completely soiled * Soaked 3 Completely soiled	9 Approx. amt. of stool loss: 1 Smear 2 Liquid 3 Solid
Time of fluid intake intake Type of fluid intake Approx. time you emptied your bladder? * Small * Medium * Large Type of fluid intake Type of fluid intake Soaked 3 Completely soiled Type of fluid intake Type of fluid intake Type of fluid intake Soaked 3 Completely soiled	Approx. amt. of stool loss: 1 Smear 2 Liquid 3 Solid
fluid intake of fluid your bladder? * Small * Medium * Large	of stool loss: 1 Smear 2 Liquid 3 Solid
fluid intake of fluid your bladder? * Small * Medium * Large* * Soaked 3 Completely soiled* * Soaked 3 Completely soiled* * Small * Medium * Large* * Soaked 3 Completely soiled* * Small * Medium * Large * Soaked *	1 Smear 2 Liquid 3 Solid
intake your bladder? * Small * Medium * Large 2 Soaked 3 Completely soiled when you had bladder leakage?	2 Liquid 3 Solid
* Large 2 Soaked leakage? 3 Completely soiled	3 Solid
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Total Fluid Total # of #Sm - #Med - #Lg -	
Voids	

Instructions for Bladder Diary

The bladder diary is one of the most objective resources we have to know what a day in your life looks like regarding the health of your pelvic floor and urological function. Our equipment can determine the current condition of the pelvic muscle and exercise it, but the bladder diary can reveal the impact on your life.

Please complete a ONE DAY diary a few days before your first appointment and a few days before your last appointment.

There are several SIMPLE ways to complete the diary and send to the Patient Care Team: go to pelvicfloortherapy.com and fill out online, scan or take a picture with your phone and either email to info@ihcsystems.net or text to 678-431-4098.

- Column 1- INTAKE: Times you drank fluid during 24 hours
- Column 2 INTAKE: Type of fluid you drank; i.e. water, coffee, soda, tea, milk, juice, wine
- Column 3 INTAKE: Approximate amount of fluid
- Column 4 OUTPUT: Each time you empty your bladder for 24 hours
- Column 5 OUTPUT: Approximate volume when you emptied your bladder; small, medium, large
- Column 6 OUTPUT: If you leaked any urine was it a drop, soaked pad or completely emptied your bladder.
- Column 7 OUTPUT: What activity were you doing at leakage?
- Column 8 OUTPUT: Did you have an Urge event when you emptied your bladder?
- Column 9 OUTPUT: How much fecal incontinence did you experience; smear, liquid, solid
- 1. Start first thing in the morning and continue throughout the day and night until the time you startedon the next day.
- 2. It is best to do the day before your next therapy OR on day when you can best record the data.
- 3. Stick to your normal routine on day of diary don't change anything.