

Provider

Complete the **ONE Day diary before your next appointment of all of your fluid in and voiding events.**

| Intake 1 | Intake 2 | Intake 3 | Output 4 | Output 5 | Output 6 | Output 7 | Output 8 | Output 9 |
|------------------------|----------------------|--------------------|------------------------------------|--|---|------------------------|-----------------------------|--|
| Time of fluid intake | Type of fluid intake | Est. amt. of fluid | What time you emptied your bladder | Approx. amt. of urine when emptied (sm, med, lg) | How much leakage: 1 drop 2 soaked 3 empty completely | What activity at leak? | Did you have an urge event? | Approx. amt. of fecal loss: 1 smear 2 wet 3 solid |
| 8am | coffee | 8oz | 7am | med | drop | running | No | smear |
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| Total H ² O | | | | | | | | |
| Total Fluid | | | | Total # of Voids | #Sm - | #Med - | #Lg - | |

Instructions for Bladder Diary

- 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, wet, solid
1. Start first thing in the morning and continue throughout the day and night until the time you started on 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.