



BLADDER DIARY

Name: _____ Date: _____

Please fill out the following diary for 3 consecutive days prior to your next visit

Please record **BM**=bowel movement indicating if it is **N**=normal **C**=constipated **D**=diarrhea

SUI=stress urinary incontinence (leakage associated with cough, laugh, sneeze)

UUI=urge urinary incontinence (leakage associated with rushing to bathroom)

Total pads used _____ Description of wetness _____

Time	Liquid Intake	Urine output (sec)	Other relevant information
6am			
7am			
8am			
9am			
10am			
11am			
12pm			
1pm			
2pm			
3pm			
4pm			
5pm			
6pm			
7pm			
8pm			
9pm			
10pm			
11pm			
12am			
1am			
2am			
3am			
4am			
5am			

Please feel free to provide any other information that you feel is important for your therapist to know.