## How To Track Your Bladder Function

#### Why You Need To Keep Track

Please keep track of your bladder function as directed by your physical therapist (PT).

Bring your logs to your next appointment. They will give your PT an excellent idea of your daily bladder function, habits and patterns and may be used to measure your progress in therapy.

Fill out the log during the day so it is as accurate as possible. If you wait until the end of the day, you may have trouble remembering what happened.

### How to Fill out the Log

#### Column 1 (time of day)

- Choose a time of day to start. Cover a full 24-hour period.
- Your PT will tell you how many days to track.

## Column 2 (type and amount of food and liquids)

- Write down the type and amount of food you eat.
- Write down the type and amount of liquids you drink.
- Write down when you wake up and when you go to sleep.

#### Column 3 (amount you void)

- Write down the time of day and the amount you void.
- There are 3 ways to record how much you urinate.
  - □ Write S, M or L in the proper box.
    - S (small): seemed like a small amount, or urinated "just in case."
    - M (medium): seemed like an 8 ouncemeasuring cup would run over.
    - L (large): seems like the amount you urinate when you first wake up in the morning.
  - Write the seconds you urinate.
    Count "one-one thousand" (this equals 1 second) when you urinate. Write down the number of seconds it took to void.
  - □ If your PT gives you a collection cup to measure your urine, write down the amount you collect.

#### Column 4 (amount of leakage)

- Write down the amount of urine loss when it happens by writing:
  - S (small): drop or two of urine
  - M (medium): wet underwear
  - L (large): wet outerwear or floor.

(over)

#### Column 5 (was urge present)

- Write down the urge sensation by using these numbers:
  - 1 (mild): first sensation of need to go
  - 2 (moderate): stronger sensation or need
  - 3 (strong): need to go to the toilet NOW.

#### Column 6 (activity with leakage)

Write down the activity you were doing at the time of the leakage, such as: coughed, heard running water, sneezed, bent over or lifted something.

#### Comments

 Write down special problems and new or changed medicines.

#### Number of pads used

Write down the number of pads you used during the day.

### Sample Log

See the sample log below for an example of how to fill out the log.

# Voiding Log (Afternoon/Evening) Date \_

Time	Type and Amount of Food and Liquids	Amount Voided (S/M/L, seconds or ounces)	Amount of Leakage (S/M/L)	Was Urge Present (1/2/3)	Activity With Leakage
noon	tuna salad, milk (8 ounces), pear				
1 p.m.					
2 p.m.		М		2	
3 p.m.	tea, cookies		S		running water
4 p.m.					
5 p.m.					
6 p.m.	chicken, corn pudding, salad, apple juice (three 8-ounce glasses)	М		3	
7 p.m.					
8 p.m.					