



oups!

BLADDER DIARY

What is the purpose of a bladder diary?

The bladder diary will allow you to better understand your voiding habits and to quantify your symptoms or urinary incontinence. It can also help you assess the progress of your symptoms, if you complete it before and after the 12-week exercise program.

This diary can also be completed for gas and stool incontinence, or prolapse symptoms.

How do I fill out this bladder diary?

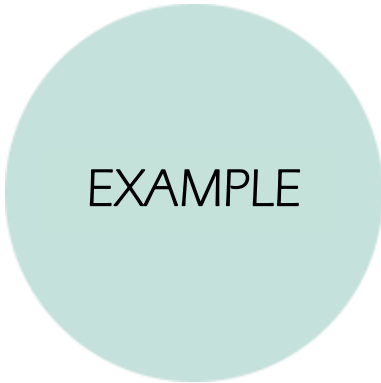
The bladder diary is a logbook, where you indicate the times of day when you urinate, experience urine loss, and change your protection. It is simple to use:

- 1 In column 1, place an “X” corresponding to the time(s) of day when you urinated.
- 2 In column 2, choose the number that best represents your level of urgency according to this scale below. Urgency should always be related to urination (1) and/or leakage (3).

Urinary Sensation Scale	Description
0: “Just in case”	No sensation to urinate but wanted to “ <u>prevent</u> ” needing to urinate. For example, just before going out, or if you are unsure where the next toilet will be.
1: No urgency, normal desire to void	Normal feeling to urinate <u>without urgency</u> ; no sudden compelling desire to pass urine that is difficult to defer, nor the feeling that involuntary urine leakage could occur.
2: Mild urgency	Feeling of urgency to urinate but that is <u>easy to tolerate</u> . Could finish the activity or task before going to the toilet.
3: Moderate urgency	Urgency causing discomfort. Need to <u>stop the activity</u> or task to go to the toilet.
4: Severe urgency	Urgency causing much discomfort. Difficulty holding the urine. Need to <u>stop</u> the activity or task <u>right away</u> and <u>hurry</u> to the toilet to avoid leakage.
5: Urgency incontinence	Urgency causing extreme discomfort. Could not hold the urine and had a <u>leakage accident before reaching</u> the toilet.

- ③ In column 3, place an “X” corresponding to the time(s) of day that you experienced urinary leakage.
- ④ In column 4, place an “X” corresponding to the time(s) of day when you needed to change your protection (panty liner, underwear).
- ⑤ In column 5, describe what caused the urine loss/leakage (3) (e.g., cough, sneeze, sports activities, an irrepressible urge to urinate).

The bladder diary must be recorded over a period of seven consecutive days. For it to be effective, you must indicate each time you urinate, the level of urgency, every time you experience urine loss or leakages, as well as each time you change your protection.



Instructions:

- Column 1:** Mark an “X” when you urinate
- Column 2:** Indicate the intensity of urgency (from 0 to 5)
- Column 3:** Mark an “X” when you experience urinary leakage
- Column 4:** Mark an “X” when you change your protection (panty liner, underwear)
- Column 5:** Indicate the activity you think might be associated with the urinary leakage you noted on the same line in column 3.

For example:

Urgency: I could not get to the toilet in time, urgent need to urinate when I inserted the key into the door lock, etc.

Effort: While coughing, sneezing, lifting a heavy weight, climbing stairs, walking, changing positions in bed, etc.

	①	②	③	④	⑤
Time	Urination	Intensity of urgency	Urinary leakage	Changed protection	Activity associated with urine leakage: urgency or effort
6:00-8:00 am	X	4			
8:00-10:00 am			X	X	Effort: while coughing
10:00-12:00 am					
12:00-2:00 pm	X	5	X	X	Urgency: I couldn't get to the toilet in time
2:00-4:00 pm			X		Effort: while lifting a heavy weight
4:00-6:00 pm	X	3			
6:00-8:00 pm			X	X	Effort: while walking
8:00-10:00 pm					
10:00-12:00 am	X	1			
During the night	X	5	X	X	Urgency: I couldn't get to the toilet in time

DAY 1

date: _____

Instructions:

Column 1: Mark an “X” when you urinate

Column 2: Indicate the intensity of urgency (from 0 to 5)

Column 3: Mark an “X” when you experience urinary leakage

Column 4: Mark an “X” when you change your protection (panty liner, underwear)

Column 5: Indicate the activity you think might be associated with the urinary leakage you noted on the same line in column 3.

For example:

Urgency: I could not get to the toilet in time, urgent need to urinate when I inserted the key into the door lock, etc.

Effort: While coughing, sneezing, lifting a heavy weight, climbing stairs, walking, changing positions in bed, etc.

	①	②	③	④	⑤
Time	Urination	Intensity of urgency	Urinary leakage	Changed protection	Activity associated with urine leakage: urgency or effort
6:00-8:00 am					
8:00-10:00 am					
10:00-12:00 am					
12:00-2:00 pm					
2:00-4:00 pm					
4:00-6:00 pm					
6:00-8:00 pm					
8:00-10:00 pm					
10:00-12:00 am					
During the night					

DAY 2

date: _____

Instructions:

Column 1: Mark an “X” when you urinate

Column 2: Indicate the intensity of urgency (from 0 to 5)

Column 3: Mark an “X” when you experience urinary leakage

Column 4: Mark an “X” when you change your protection (panty liner, underwear)

Column 5: Indicate the activity you think might be associated with the urinary leakage you noted on the same line in column 3.

For example:

Urgency: I could not get to the toilet in time, urgent need to urinate when I inserted the key into the door lock, etc.

Effort: While coughing, sneezing, lifting a heavy weight, climbing stairs, walking, changing positions in bed, etc.

	①	②	③	④	⑤
Time	Urination	Intensity of urgency	Urinary leakage	Changed protection	Activity associated with urine leakage: urgency or effort
6:00-8:00 am					
8:00-10:00 am					
10:00-12:00 am					
12:00-2:00 pm					
2:00-4:00 pm					
4:00-6:00 pm					
6:00-8:00 pm					
8:00-10:00 pm					
10:00-12:00 am					
During the night					

DAY 3

date: _____

Instructions:

Column 1: Mark an “X” when you urinate

Column 2: Indicate the intensity of urgency (from 0 to 5)

Column 3: Mark an “X” when you experience urinary leakage

Column 4: Mark an “X” when you change your protection (panty liner, underwear)

Column 5: Indicate the activity you think might be associated with the urinary leakage you noted on the same line in column 3.

For example:

Urgency: I could not get to the toilet in time, urgent need to urinate when I inserted the key into the door lock, etc.

Effort: While coughing, sneezing, lifting a heavy weight, climbing stairs, walking, changing positions in bed, etc.

	①	②	③	④	⑤
Time	Urination	Intensity of urgency	Urinary leakage	Changed protection	Activity associated with urine leakage: urgency or effort
6:00-8:00 am					
8:00-10:00 am					
10:00-12:00 am					
12:00-2:00 pm					
2:00-4:00 pm					
4:00-6:00 pm					
6:00-8:00 pm					
8:00-10:00 pm					
10:00-12:00 am					
During the night					

DAY 4

date: _____

Instructions:

Column 1: Mark an “X” when you urinate

Column 2: Indicate the intensity of urgency (from 0 to 5)

Column 3: Mark an “X” when you experience urinary leakage

Column 4: Mark an “X” when you change your protection (panty liner, underwear)

Column 5: Indicate the activity you think might be associated with the urinary leakage you noted on the same line in column 3.

For example:

Urgency: I could not get to the toilet in time, urgent need to urinate when I inserted the key into the door lock, etc.

Effort: While coughing, sneezing, lifting a heavy weight, climbing stairs, walking, changing positions in bed, etc.

	①	②	③	④	⑤
Time	Urination	Intensity of urgency	Urinary leakage	Changed protection	Activity associated with urine leakage: urgency or effort
6:00-8:00 am					
8:00-10:00 am					
10:00-12:00 am					
12:00-2:00 pm					
2:00-4:00 pm					
4:00-6:00 pm					
6:00-8:00 pm					
8:00-10:00 pm					
10:00-12:00 am					
During the night					

DAY 5

date: _____

Instructions:

Column 1: Mark an “X” when you urinate

Column 2: Indicate the intensity of urgency (from 0 to 5)

Column 3: Mark an “X” when you experience urinary leakage

Column 4: Mark an “X” when you change your protection (panty liner, underwear)

Column 5: Indicate the activity you think might be associated with the urinary leakage you noted on the same line in column 3.

For example:

Urgency: I could not get to the toilet in time, urgent need to urinate when I inserted the key into the door lock, etc.

Effort: While coughing, sneezing, lifting a heavy weight, climbing stairs, walking, changing positions in bed, etc.

	①	②	③	④	⑤
Time	Urination	Intensity of urgency	Urinary leakage	Changed protection	Activity associated with urine leakage: urgency or effort
6:00-8:00 am					
8:00-10:00 am					
10:00-12:00 am					
12:00-2:00 pm					
2:00-4:00 pm					
4:00-6:00 pm					
6:00-8:00 pm					
8:00-10:00 pm					
10:00-12:00 am					
During the night					

DAY 6

date: _____

Instructions:

Column 1: Mark an “X” when you urinate

Column 2: Indicate the intensity of urgency (from 0 to 5)

Column 3: Mark an “X” when you experience urinary leakage

Column 4: Mark an “X” when you change your protection (panty liner, underwear)

Column 5: Indicate the activity you think might be associated with the urinary leakage you noted on the same line in column 3.

For example:

Urgency: I could not get to the toilet in time, urgent need to urinate when I inserted the key into the door lock, etc.

Effort: While coughing, sneezing, lifting a heavy weight, climbing stairs, walking, changing positions in bed, etc.

	①	②	③	④	⑤
Time	Urination	Intensity of urgency	Urinary leakage	Changed protection	Activity associated with urine leakage: urgency or effort
6:00-8:00 am					
8:00-10:00 am					
10:00-12:00 am					
12:00-2:00 pm					
2:00-4:00 pm					
4:00-6:00 pm					
6:00-8:00 pm					
8:00-10:00 pm					
10:00-12:00 am					
During the night					

DAY 7

date: _____

Instructions:

Column 1: Mark an “X” when you urinate

Column 2: Indicate the intensity of urgency (from 0 to 5)

Column 3: Mark an “X” when you experience urinary leakage

Column 4: Mark an “X” when you change your protection (panty liner, underwear)

Column 5: Indicate the activity you think might be associated with the urinary leakage you noted on the same line in column 3.

For example:

Urgency: I could not get to the toilet in time, urgent need to urinate when I inserted the key into the door lock, etc.

Effort: While coughing, sneezing, lifting a heavy weight, climbing stairs, walking, changing positions in bed, etc.

	①	②	③	④	⑤
Time	Urination	Intensity of urgency	Urinary leakage	Changed protection	Activity associated with urine leakage: urgency or effort
6:00-8:00 am					
8:00-10:00 am					
10:00-12:00 am					
12:00-2:00 pm					
2:00-4:00 pm					
4:00-6:00 pm					
6:00-8:00 pm					
8:00-10:00 pm					
10:00-12:00 am					
During the night					