

U = Urine voided or leaked
 B = Bowel movement or leaked stool
 G = Gas (accidents only)

Patient Name _____

YEAR	DATE: _____														
200__	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		
TIME	Toilet	Leak	TIME												
12 - 12:59 AM															12 - 12:59 AM
1 - 1:59 AM															1 - 1:59 AM
2 - 2:59 AM															2 - 2:59 AM
3 - 3:59 AM															3 - 3:59 AM
4 - 4:59 AM															4 - 4:59 AM
5 - 5:59 AM															5 - 5:59 AM
6 - 6:59 AM															6 - 6:59 AM
7 - 7:59 AM															7 - 7:59 AM
8 - 8:59 AM															8 - 8:59 AM
9 - 9:59 AM															9 - 9:59 AM
10 - 10:59 AM															10 - 10:59 AM
11 - 11:59 AM															11 - 11:59 AM
12 - 12:59 PM															12 - 12:59 PM
1 - 1:59 PM															1 - 1:59 PM
2 - 2:59 PM															2 - 2:59 PM
3 - 3:59 PM															3 - 3:59 PM
4 - 4:59 PM															4 - 4:59 PM
5 - 5:59 PM															5 - 5:59 PM
6 - 6:59 PM															6 - 6:59 PM
7 - 7:59 PM															7 - 7:59 PM
8 - 8:59 PM															8 - 8:59 PM
9 - 9:59 PM															9 - 9:59 PM
10 - 10:59 PM															10 - 10:59 PM
11 - 11:59 PM															11 - 11:59 PM
Wakeup Time															Wakeup Time
Bed Time															Bed Time
# of pads Used															# of pads Used

Do not write in the space below.

_____ Number of incontinence episodes / 3-day period
 _____ Mean number of Incontinent episodes / day

_____ Mean number of daytime voids
 _____ Mean number of nighttime voids

U = Urine voided or leaked
 B = Bowel movement or leaked stool
 G = Gas (Accidents only)

YEAR	DATE: <u>4/2</u>		DATE: <u>4/3</u>		
2004	Sunday		Monday		
TIME	Toilet	Leak	Toilet	Leak	TIME
12 - 12:59 AM					12 - 12:59 AM
1 - 1:59 AM			U		1 - 1:59 AM
2 - 2:59 AM	U				2 - 2:59 AM
3 - 3:59 AM					3 - 3:59 AM
4 - 4:59 AM					4 - 4:59 AM
5 - 5:59 AM					5 - 5:59 AM
6 - 6:59 AM					6 - 6:59 AM
7 - 7:59 AM			U	U	7 - 7:59 AM
8 - 8:59 AM	U				8 - 8:59 AM
9 - 9:59 AM			U,U		9 - 9:59 AM
10 - 10:59 AM	U,B				10 - 10:59 AM
11 - 11:59 AM		U	U,B		11 - 11:59 AM
12 - 12:59 PM					12 - 12:59 PM
1 - 1:59 PM	U			U	1 - 1:59 PM
2 - 2:59 PM			U		2 - 2:59 PM
3 - 3:59 PM	U	U,B			3 - 3:59 PM
4 - 4:59 PM					4 - 4:59 PM
5 - 5:59 PM			U		5 - 5:59 PM
6 - 6:59 PM	U,U			U,G	6 - 6:59 PM
7 - 7:59 PM					7 - 7:59 PM
8 - 8:59 PM		U	U,U		8 - 8:59 PM
9 - 9:59 PM	U				9 - 9:59 PM
10 - 10:59 PM			U		10 - 10:59 PM
11 - 11:59 PM	U				11 - 11:59 PM
Wakeup Time	8:30 am		7:00am		Wakeup Time
Bed Time	11:00pm		10:30pm		Bed Time
# of pads Used	2		3		# of pads Used

Name: _____ MRN _____
 Date: _____

3-DAY BLADDER AND BOWEL DIARY

Instructions

1. During a **3-day period**, please record each time you urinate into the toilet by placing a **U** for urine under the toilet column for the appropriate day and time. Similarly, record each time you move your bowels by placing a **B** for bowel movement, in the toilet column for the appropriate day and time. (See sample on back)
2. Record each time you accidentally leak urine (**U**), or bowel movement (**B**), or gas (**G**) under the Leak column for the appropriate day and time. (See sample on back)
3. Record every time you empty or have an accident next to the time when the event occurred. You may put multiple letters in the same box if needed. (See sample on back)
4. Indicate the time that you get up, the time you go to bed, and the number of pads you used at the bottom of the column for each day. (See sample on back)
5. When you complete this diary, mark the point along the box at the bottom of the diary that best describes your bladder and bowel function and control during the week that you kept the diary, compared to other weeks during the past year. (See sample on back)
6. You may start the diary on any day of the week, but try to complete a full **3-day period** prior to your next appointment.