

Using a bladder or bowel diary



A bladder diary will help you record the amount of urine you pass every time you go to the toilet and every time you leak, and a bowel diary will show a record of the times and types of bowel motions passed.

Take a record over at least 3 days for a bladder diary, and for about a week for a bowel diary.

Each diary page will cover 24 hours. It will give a clearer picture of your pattern of leaking and bowel function over the day and night, including any effects of fluids that are “bladder-irritants”, or foods that might be causing bowel problems.

Keeping a diary can be helpful for your doctor or continence nurse.

Looking back at the entries in your diary could be helpful for you anticipating problems, so you’re ready for a possible leakage episode. Perhaps there’s a problem at a particular time of the day, or overnight, or following certain drinks or foods? It can be difficult to remember every time you open your bowels (“poo”) so writing this information down will help.

Be aware that the part of the week you choose to record may be significant – your weekends may be quite different to a week-day, for example.

Bladder diary

When collecting urine to measure the volume passed, you will need to measure this fairly accurately. To make recording of drinks easier, note the amount that your favourite tea/coffee-cup or glass holds - use this to record your drinks in “mls”.

You could use a good-sized measuring jug to “wee” into. Make a note of the volume for your diary before tipping its contents into the toilet. Or you may find it easier to use a large plastic container (such as an ice-cream container) and set this directly down into the toilet. Then tip the contents into the measuring jug.

Your bladder diary is all about recording four important things

1 Input (fluids drunk)

Record the type or names of all fluids that you drink. Be aware that “fluids” also includes foods that are mainly liquid, such as soups, jellies and custards.

2 Output

Record the amount of urine you pass over at least 3 days and nights (Make these 3 consecutive days if you can).

3 Leakage

Record the amount of any leakage of urine, e.g. spot, dribble, flood, a few teaspoons, or similar description.

4 Circumstances

Where you were, or what you were doing, at the time of leakage is important information, both for your own awareness and for a Continence Assessment (see below). “Circumstances” will include whether you felt an urgent, sudden need to pass urine just before the leakage happened, or you leaked when you coughed or while lifting, or you leaked at aerobics class, for example. Perhaps you arrived home, put the key in the door and lost control before you reached the toilet? Maybe at the time you leaked you weren’t aware you were losing urine? Or perhaps you got out of bed in the morning and, as you stood up, you “lost it”.

Bowel diary

Record bowel movements with the time of day and the circumstances - such as if you had to strain, if motions were hard, soft, runny, difficult to pass, and the colour, or if there was any blood present, for example. You might suspect certain foods could be causing a bowel function problem. Record any fibre supplements or laxatives taken, and medicines taken for other health conditions (list over-the-counter products, such as painkillers. The Bristol Stool Chart (on the Continence Foundation’s website www.continence.org.au) is a very good guide to describing the types of bowel motion and what an ideal bowel motion looks like.

A bowel/food diary is also good for keeping an eye on your food “input” if you need to lose weight!

A continence assessment and your bladder and/or bowel diary

Incontinence is a complex condition and may involve many interacting factors. Your fluid intake, the amount of urine you pass, your bowel “regularity”, any straining, haemorrhoids or soiling, the circumstances and feelings around leakage episodes, and other health problems you may have (including any medicines taken for other conditions) are all important pieces of information for a true picture of your incontinence.

A bladder and/or bowel diary is a part of your Continence Assessment. Your doctor may also order some other specialised tests. A treatment program then needs to be worked out individually for you, based on this assessment. Treatment can involve a range of strategies, such as continence physiotherapy, perhaps a laxative program, or changes to diet or fluid intake, or even surgery.

To be effective, a treatment program will be based on your individual experiences, your age, living circumstances (such as if you have an at-home carer), your past medical history, and similar considerations.

© Continence Foundation of Australia – September 2011

