

## Keeping a Record of Bowel and Bladder Function

The main purpose of a bowel diary is to document how your bowel functions. A diary can give your health care provider an excellent picture of your bowel functions, habits and patterns. At first, the diary is used as an evaluation tool. Later, it will be used to measure your progress on bowel retraining.

**Please complete a bowel diary every day for \_\_\_\_\_ days and bring it with you to your appointment.**

Your diary will be more accurate if you fill it out as you go through the day. It can be very difficult to remember at the end of the day exactly what happened in the morning.

### Instructions

#### Column 1 – Time of Day

The log begins with midnight and covers a 24 hour period. Afternoon times are in bold. Select the hour block that corresponds with the time of day you are recording.

#### Column 2 – Type and Amount of Fluid and Food Intake

- Record the type and amount of **fluid** you drank
- Record the type and amount of **food** you ate
- Record when you woke up for the day and the hour you went to sleep

#### Column 3 – Elimination of Urine and Bowel Movements (BM)

Record the time of day and amount of urine emptied by writing a “U” for urinate.

Record a bowel movement with a “BM”.

Place a “U” or “BM”, in the box at the corresponding time interval each time you empty

Also note the stool consistency using the following Bristol Stool Type Scale:

Type 1 - Separate hard lumps, like nuts  
(hard to pass)

Type 2 - Sausage-shaped but lumpy

Type 3 - Like a sausage but with cracks  
on its surface

Type 4 - Like a sausage or snake,  
smooth and soft

Type 5 - Soft blobs with clear-cut edges  
passed easily)

Type 6 - Fluffy pieces with ragged  
edges, a mushy stool

Type 7 - Watery, no solid pieces; entirely  
liquid

#### Column 4 - Amount of Leakage / Stool Loss

Record the amount of urine loss at the time it occurred.

S- SMALL = drop or two of urine

M- MEDIUM = wet underwear

L- LARGE = wet outerwear or floor

Record the amount of stool loss at the time it occurred.

S = Small stain

P = Pea size

T = 1-2 tablespoons

C = Complete BM lost

**Column 5 – Was Urge Present?**

Describe the urge sensation you had as:

- 1- MILD = first sensation of need to go
- 2- MODERATE = stronger sensation or need
- 3- STRONG = need to get to toilet, move aside!

**Column 6 - Activity with Leakage / Notes**

Describe the activity associated with the leakage, i.e., coughed, heard running water, sneezed, bent over, lifted something or had a strong urge.

**Comments** – Special problems and new or changed medications go here. If a pad change was needed, record the number used during the day at the bottom of the page.

**Daily Voiding Log Sample**

Time of Day	Type & Amount of Food & Fluid Intake	Elimination U = Urinate BM= bowel movement type	Amount of Leakage S /M /L S /P/T/ C	Was Urge Present? 1 /2 /3	Activity With Leakage / Notes
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am	Woke up at 6:45 am	U		3	
7:00 am	Coffee, bagel	BM type 4			
8:00 am			M		Fast walking
9:00 am	Apple	U BM	Pea sized	2	No urge control
10:00 am					
11:00 am		U		1	Key in the door
<b>NOON</b>	Tuna sandwich, milk, pear				
<b>1:00 pm</b>					
<b>2:00 pm</b>		M		2	
<b>3:00 pm</b>	Tea, cookies		S		Running water
<b>4:00 pm</b>					
<b>5:00 pm</b>					
<b>6:00 pm</b>	Chicken, corn pudding, salad, apple juice	M		3	
<b>7:00 pm</b>					
<b>8:00 pm</b>			S	3	
<b>9:00 pm</b>					
<b>10:00 pm</b>	To bed at 10:30	M		3	
<b>11:00 pm</b>					

Comments: Week before period \_\_\_\_\_ Number of pads: \_\_\_\_\_

## Record of Bowel and Bladder Function

Name \_\_\_\_\_

Date \_\_\_\_\_

Time of Day	Type & Amount of Food & Fluid Intake	Elimination U = Urinate BM= bowel movement type	Amount of Leakage S/M/L S/P/T/C	Was Urge Present 1/2/3	Activity With Leakage/ notes
Midnight					
1:00 am					
2:00 am					
3:00 am					
4:00 am					
5:00 am					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
<b>Noon</b>					
<b>1:00 pm</b>					
<b>2:00 pm</b>					
<b>3:00 pm</b>					
<b>4:00 pm</b>					
<b>5:00 pm</b>					
<b>6:00 pm</b>					
<b>7:00 pm</b>					
<b>8:00 pm</b>					
<b>9:00 pm</b>					
<b>10:00 pm</b>					
<b>11:00 pm</b>					

Comments \_\_\_\_\_

Number of pads used today \_\_\_\_\_