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## Bladder Record Instruction

Directions:

The bladder record is very important in your therapy. It helps us to evaluate how the bladder works. Please complete these records before your next therapy appointment.

- Try to fill this record out as you go through the day. It is hard to remember at the end of the day. You may jot down some notes on a smaller piece of paper and transfer it onto the record at the end of the day.
- Change your pad each time it is wet. This will help you to be accurate.
- Accuracy is important.
- Bring the completed record to your next visit.

### Column 1 “Urinate in toilet”

Place a check in the time box when you urinate in the toilet. Your therapist may ask you to measure the amount of urine.

### Column 2 “Amount of leak”

Place a “sm/med/lg” in the time box when you have a leak.

sm = one or two drops

med = soaks a pad

lg = wet outer cloths / running down the leg

### Column 3 “Activity during leakage”

Indicate activities or events that cause leaking. For example: coughing, laughing, sneezing, lifting, running, jumping, running water, strong urge, don’t know.

### Column 4 “Fluid type and amount”

Write down the amount and type of the fluid you drink. For example: 8 oz pop, 10 oz water, 6 oz coffee.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

	Urinate in toilet	Amount of leak / accident	Activity during leak	Drink type/ amount		Urinate in toilet	Amount of leak / accident	Activity during leak	Drink type/ amount
6 AM					6 AM				
7 AM wake	16 oz			16 oz water	7 AM wake	12 oz			16 oz water
8 AM		Med	Aerobic class	8 oz juice	8 AM	4 oz	Med	Aerobic class	8 oz juice
9 AM					9 AM				
10 AM	10 oz			8 oz water	10 AM				32 oz water