

PELVICORE™ PROGRAM

Your Name: _____

YOUR DAILY BLADDER LOG

Date: _____

This log will help you and your health care team understand your bladder function. It is a 24 hour record of your intake and output as well as leakage episodes. The "Sample" line (below) will show you how to use the log.

Time	Drinks		Urine		ACCIDENTS					
					Accidental Leaks			Did you feel a strong urge to go?		What were you doing at the time?
					How much? (check one)			Circle one		
What Kind?	How Much?	How many times did you "pee" during the hour?	How Much? Use measuring cup (ml's or oz's)	<input type="checkbox"/> sm	<input type="checkbox"/> med	<input type="checkbox"/> lg	Yes	No	Sneezing, exercising, having sex, lifting, etc.	
Sample	Coffee	2 cups	2	2 oz or 2 ml	<input checked="" type="checkbox"/>			Yes	No	Exercising
6-7 am								Yes	No	
7-8 am								Yes	No	
8-9 am								Yes	No	
9-10 am								Yes	No	
10-11 am								Yes	No	
11-12 noon								Yes	No	
12-1 pm								Yes	No	
1-2 pm								Yes	No	
2-3 pm								Yes	No	
3-4 pm								Yes	No	
4-5 pm								Yes	No	
5-6 pm								Yes	No	
6-7 pm								Yes	No	
7-8 pm								Yes	No	
8-9 pm								Yes	No	
9-10 pm								Yes	No	
10-11 pm								Yes	No	
11-12 mid								Yes	No	
12-1 am								Yes	No	
1-2 am								Yes	No	
2-3 am								Yes	No	
3-4 am								Yes	No	
4-5 am								Yes	No	
5-6 am								Yes	No	

Source: www.augs.org

After performing the entire Pelvicore™ Program, re-evaluate your bladder function every two weeks. You should see an increase in time between voiding, a decrease in urgency, and a decrease in accidents.

Make Copies of this Log!

