

ACCIDENT DIARY FOR URINARY SYMPTOMS

NAME:

DATE STARTED:

Each time you notice some leakage (loss of urine) has occurred, mark it on the day it happens, or each time, if multiple times per day. Leave the box blank if no leakage occurred on that day. If your symptoms are predominantly urge related, also record the degree of urgency. This chart will last you 3 months.

It is very important that you fill in the chart every day and bring it to every appointment. Thank you. Use the following key to record your comments:

1. Approximate amount of urine loss:

D = Damp: a small damp patch on your underwear or pad (smaller than a 50c piece).

W = Wet: a larger wet patch that soaks through your underwear or significantly wets the pad (larger than a 50c piece).

S = Soaked: the leakage wets through to your outer layer of clothing.

2. What caused you to leak, e.g.

C = Cough; S = Sneeze; L = Laugh; R = Run; W = Walk; E = Exercise; U = Urge to go / rushing to the toilet; or any other activity specific to you. EG: Record: DC, WU, DS. If you notice there has been leakage, but you don't know when or how it happened, record D, W, or S, followed by a "?".

3. Degree of urgency experienced:

0 = No urge; 1 = Mild; 2 = Moderate; 3 = Strong. Base this on the majority of your trips to the toilet.

Triggers: **RW:** running water, **KID:** key in the door, **ETT:** en-route to the toilet, **CW:** cold weather

4. Number of pads used that day: P = ? or pad weight.

5. Menstruation = M. Pre-menstrual = PM

	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
WEEK 2							
WEEK 3							

	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 4							
WEEK 5							
WEEK 6							
WEEK 7							
WEEK 8							
WEEK 9							
WEEK 10							
WEEK 11							
WEEK 12							

Leading the way in Pelvic Health

