

Bowel and Bladder Health Program

Weekly Record

Name _____

Week of _____

Instructions

Insert the following symbols into the appropriate time spaces

- | | | |
|--------------------|-----------------|----------------|
| T = Toilet | L = Small Leak | A = Large Leak |
| G = 8 oz fluid | * = Caffeinated | P = Pad |
| B = Bowel Movement | | |

Monday, Date _____

6-8 am _____

8-10 _____

10-12 _____

12-2 pm _____

2-4 _____

4-6 _____

6-8 _____

8-10 _____

10-12 _____

Overnight _____

* Pads used (Comments) _____

Tuesday, Date _____

6-8 am _____

8-10 _____

10-12 _____

12-2 pm _____

2-4 _____

4-6 _____

6-8 _____

8-10 _____

10-12 _____

Overnight _____

* Pads used (Comments) _____

Wednesday, Date _____

6-8 am _____

8-10 _____

10-12 _____

12-2 pm _____

2-4 _____

4-6 _____

6-8 _____

8-10 _____

10-12 _____

Overnight _____

* Pads used (Comments) _____

Thursday, Date _____

6-8 am _____

8-10 _____

10-12 _____

12-2 pm _____

2-4 _____

4-6 _____

6-8 _____

8-10 _____

10-12 _____

Overnight _____

* Pads used (Comments) _____

Friday, Date _____

6-8 am _____

8-10 _____

10-12 _____

12-2 pm _____

2-4 _____

4-6 _____

6-8 _____

8-10 _____

10-12 _____

Overnight _____

* Pads used (Comments) _____

Saturday, Date _____

6-8 am _____

8-10 _____

10-12 _____

12-2 pm _____

2-4 _____

4-6 _____

6-8 _____

8-10 _____

10-12 _____

Overnight _____

* Pads used (Comments) _____

Sunday, Date _____

6-8 am _____

8-10 _____

10-12 _____

12-2 pm _____

2-4 _____

4-6 _____

6-8 _____

8-10 _____

10-12 _____

Overnight _____

* Pads used (Comments) _____

Incontinence Impact Questionnaire

Rate how your urinary incontinence affects you by using the following scale:

Not at all	= 0
Slightly	= 1
Moderately	= 2
Greatly	= 3
Not Applicable	= N/A

Daily Activities

Cooking	0	1	2	3	N/A
Housekeeping	0	1	2	3	N/A
Laundry	0	1	2	3	N/A
Household Repair Work	0	1	2	3	N/A
Shopping	0	1	2	3	N/A
Hobbies	0	1	2	3	N/A
Physical Recreation	0	1	2	3	N/A
Entertainment	0	1	2	3	N/A
Travel (under 30 min)	0	1	2	3	N/A
Travel (over 30 min)	0	1	2	3	N/A
Visits to places with unknown restrooms	0	1	2	3	N/A
Vacation	0	1	2	3	N/A
Church or Temple attendance	0	1	2	3	N/A
Volunteer Activity	0	1	2	3	N/A

Social Interaction

Having friends visit	0	1	2	3	N/A
Visiting friends or relatives	0	1	2	3	N/A
Participating in social activities outside the home	0	1	2	3	N/A
Relationships with friends	0	1	2	3	N/A
Relationships with family	0	1	2	3	N/A
Relationships with husband or wife	0	1	2	3	N/A
Sexual relations	0	1	2	3	N/A
Way you dress	0	1	2	3	N/A

Self-perception

Physical Health	0	1	2	3	N/A
Mental Health	0	1	2	3	N/A
Fear of odor	0	1	2	3	N/A
Fear of embarrassment	0	1	2	3	N/A