Name: _____ DOB: _____

**BLADDER/VOIDING DIARY**

**PRIOR TO YOUR VISIT WITH US:**

PLEASE COMPLETE THIS BLADDER DIARY IF YOU ARE SEEKING HELP FOR ANY OF THE FOLLOWING PROBLEMS.

- URINARY FREQUENCY
- URINARY URGENCY
- URINARY LEAKAGE (INCONTINENCE)
- WAKING UP AT NIGHT TO URINATE
- PELVC ORGAN PROLAPSE

This diary is a record of your fluid intake, voiding (urinating), and incontinence (leakage of urine).

INSTRUCTIONS:

1. Choose two 24-hour periods of time to keep this record. They do not have to be 2 days in succession. You will need to measure every void (urination) and the amount of all liquid you drink during those 24 hours.
2. Begin your record with the FIRST void when you arise from sleep (see the examples below).
3. Use a standard 1 or 2 cup plastic measuring device and record in ounces or milliliters.
4. After voiding, you may discard that urine after you measure it (no need to collect the urine).
5. Record any leakage of urine and whether this was a small (1), moderate (2), or severe (3) leakage episode. Indicate whether you had an urge to urinate at the time of leakage.

Example:

| TIME | Amount Voided | LEAK AMOUNT 1 – small 2 – moderate 3 - severe | ACTIVITY DURING LEAK | URGE PRESENT? Yes or No | FLUID INTAKE Amount and Type |
|---|---|---|---|---|---|
| 6:45 AM | 500 mL | | Just awakened | | |
| 7:00 AM | | | | | 6 oz OJ |
| 8:45 AM | | 2 | Turned on water | | 16 oz coffee |
| | | | | | |

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Name: _____ DOB: _____

**BLADDER/VOIDING DIARY**

**Date:** _____

| TIME | Amount Voided | LEAK AMOUNT<br>1 – small<br>2 – moderate<br>3 – severe | ACTIVITY DURING LEAK | URGE PRESENT?<br>Yes or No | FLUID INTAKE<br>Amount<br>And<br>Type |
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