



Female Pelvic Medicine and Reconstructive Surgery

At Associates In Women's Health, P.A.

Bladder Diary Instructions

1. Keep your diary for 3 consecutive days.
2. Begin on the morning of a day you will be able
 - complete all days without interruption and
 - follow your usual sleep/wake pattern
3. Use as many sheets of the diary as needed to record all urinations or leaks from the time you wake up until you wake up the next morning.
4. To record a voluntary urination, measure the amount of urine you pass in cubic centimeters (cc) or milliliters (mL) and record in the Volume (cc or mL) column.
5. If you are in a place (e.g. a restaurant) where you cannot measure your urine volume, just "X" the "Urinated did not record volume" column and record the time of urination.
6. In the Accidental leak columns, record how much you leaked, whether it was caused by an activity (e.g. running, lifting, walking, coughing) or whether an urge to urinate caused you to wet before you could get to the toilet.

*** A short dribble after urination is not considered a leak.***
7. Record all urinations that occur both during the day and night.
8. If you have any questions please call at 316-219-6777.

Bladder Diary Name: My Name DOB: _____
Date: _____

Urinated Did Not Record Volume	Volume (cc or mL)	Time of Urination or Leak	Accident Volume			Was the accident caused by an activity?	Did an urge to urinate accompany the acc
			1. Damp a few drops.	2. Wet underwear, diaper or pad	3. Soaked clothing or emptied bladder		
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<input type="checkbox"/>	50 cc	9:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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		<input type="checkbox"/> AM					

Examples 1 and 2 are of a normal "planned" void.

Example of a time where you were unable to document.

Example of an Accidental Leak - Note all 3 columns are filled out.



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