Continence Center	
Bladder Diary	
${\bf Spring field\ ClinicDept\ of\ Urology}$	
Name:	
Date of Birth:	

Please complete before your visit. You may stop by the lab to get a urine measuring container for your toilet if needed. Choose a 24 hour period when you will be able to measure and record: the time, the amount and type of fluid you drink; the amount you void (urinate) or catheterize, any leakage (small, medium or large), any urgency or pain, and your activity when you leak or need to void. For example:

Time	Fluid Intake Amount (oz)	Void or Cath amount (oz, cc or ml)	Leak? (S, M, L)	Urge or Pain?	Activity
0700 am	8 oz coffee	180 ml 6 ml			Awakening
0720			M	Yes	Washing hands/face
Date/Time	Fluid Intake amount (oz)	Void or Cath amount (oz, cc or ml)	Leak? (S, M, L)	Urge or Pain?	Activity

Date/Time	Fluid Intake amount (oz)	Void or Cath amount (oz, cc or ml)	Leak? (S, M, L)	Urge or Pain?	Activity

Name:	
Date of Birth: _	
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