

PATIENT LABEL HERE

OR

Patient Name _____

Date of Birth _____

MRN _____

BLADDER VOIDING LOG

Time of Day	Type & Amount of food & fluid intake	Amount Voided in ounces, S/M/L, or Seconds	Amount of Leakage S/M/L	Was Urge Present 1/2/3	Activity with Leakage
5:00 am					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
Noon					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					
Overnight					



Voiding Amount: Either count the seconds from initiating voiding or small equals a few drops or weak stream, medium is good stream with good voiding and large equals strong stream with long length of voiding.

Amount of Leakage: small equals a few drops, medium equals wet underwear, and large equals wet pants or floor.

Urge present: 1 equals small urge to void, but not immediately, 2 equals strong urge and need to find a toilet soon, and 3 equals strong urge with need to get to toilet quickly.

Activity with leakage: If you are unsure when the leakage occurred, then write unsure when you notice.

Complete the bladder diary for two days: one day while at home and one day at work or running errands.

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8:00 pm					
9:00 pm					
10:00 pm					
Overnight					