Duke Urogynecology Bladder Chart/Diary

Patient Name: _____

Instructions:

1. Enter the time of every void (bladder emptying). Use any container with marked volumes (i.e. measuring cup, urinary hat, etc.) These are available at your local pharmacy. Measure and record the volume of each void. Record the time you go to bed and the time that you arise in the morning for each day's voiding entries.
2. Note any episodes of wetting or loss of bladder control by placing a √ by the time the episode occurred.
3. Record the amount that leaked: Mild (drops), Moderate (pad or underwear feels damp), Large (pad or underwear saturated).
4. Describe what activity, if any, you were doing when the incontinence occurred.
5. Maintain the bladder chart for 3 days and nights in a row.
6. All information will be kept confidential. If you have any questions, please call the nurse at 919-684-6677.

Example of completed bladder chart/diary

AM rise and PM retire	Date	Time	Volume	Wetting	Amount of leak	Activity
06:00 AM	11/1/07	6:00 AM	400ml	√	Mild	Going to bathroom
		8:00 AM	200ml			
		9:00 Am	50ml			
		12:00PM	150ml			
		1:00 PM	200ml			
		4:00 PM		√	Large	Cough
		9:00PM		√	Moderate	Washing dishes
10:30 PM		10:30PM	200ml			
		12:00 AM	100ml	√	Mild	Going to bathroom
7:00 AM		7:00AM	350ml	√	Mild	Going to bathroom
		9:30 PM	200ml			
		12:00PM	100ml			
		2:30 PM	150ml	√	Large	Cough/sneeze
		5:30 PM	200ml			
		8:30PM	150ml	√	Mild	Cough
10:00 PM		10:00 PM	200ml			

Please start your bladder diary here:

AM rise and PM retire	Date	Time	Volume	Wetting	Amount of leak	Activity

PLEASE CONTINUE DIARY ON BACK

AM rise and PM retire	Date	Time	Volume	Wetting	Amount of leak	Activity