Women's Health Center of Southern Oregon, P.C.

Bladder Diary

Please keep track of everything you drink and your corresponding bladder activity for the next 1 to 2 days. This information is very useful in determining which type of incontinence you may have and the best treatment. **Please be certain to bring this diary to your next office visit.**

Your Name:_____ DOB:_____

Sample Diary:

		Fluids		Urination		Accidents/Leakage	
Date	Time	Amount	Type	Amount	Rush to toilet?	Doing what?	How much?
Dec. 3	Noon	12oz	Soda				
Dec. 3	12:30			Normal	Yes	Rush to bathroom	Small
Dec. 3						Coughing	Small

Your Bladder Diary for:_____
(Dates)

		Fluids		Urination		Accidents/Leakage	
Date	Time	Amount	Type	Amount	Rush to toilet?	Doing what?	How much?

Revised 10/20/06

Women's Health Center of Southern Oregon, P.C.

Your Name: **DOB:**

		Fluids		Urination		Accidents/Leakage	
Date	Time	Amount	Type	Amount	Rush to toilet?	Doing what?	How much?

Revised 10/20/06