PREMIER
UROLOGY GROUP, LLC
Urological Surgical Associates Division

BLADDER DIARY

DAY 1

Instructions:

1. Enter the time of every void. Use any container to measure the amount and record it on the diary for 48 hours.
2. Note any episodes of wetting/ loss of bladder control and the amount leaked.

(mild-drops, moderate- pad or underwear feels dampor large- pad or underwear saturated.)

3. Describe what you were doing when the leak occurred.
4. Maintain the diary for 2 consecutive days and nights

Time AWAKE					AMOUNT OF	
Time ASLEEP	DAY	TIME	VOLUME	WETTING	LEAK	ACTIVITY
6am	12/1/2009	6am	200ml			
		8am		X	mild	cough

PAD TEST

If you wear a protective pad for wetting/leakage please keep them and bring them with the bladder diary to your visit.

Please do the following:

1. Mark the time you changed it on the bag.
2. Do this for each time you change the pad day and night.
3. Bring them with you to your next appointment along with the diary.

Please bring 1 clean unused pad with you to your visit

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BLADDER DIARY

DAY 2

Instructions:

1. Enter the time of every void. Use any container to measure the amount and record it on the diary for 48 hours.
2. Note any episodes of wetting/ loss of bladder control and the amount leaked.

(mild-drops, moderate- pad or underwear feels dampor large- pad or underwear saturated.)

3. Describe what you were doing when the leak occurred.
4. Maintain the diary for 2 consecutive days and nights

Time AWAKE					AMOUNT OF	
Time ASLEEP	DAY	TIME	VOLUME	WETTING	LEAK	ACTIVITY
6am	12/1/2009	6am	200ml			
		8am		X	mild	cough

PAD TEST

If you wear a protective pad for wetting/leakage please keep them and bring them with the bladder diary to your visit.

Please do the following:

1. Mark the time you changed it on the bag.
2. Do this for each time you change the pad day and night.
3. Bring them with you to your next appointment along with the diary.

Please bring 1 clean unused pad with you to your visit