

BLADDER RECORD INSTRUCTIONS

Please complete the bladder record for 3 days (the days do not need to be in a row).

We included a urine-measuring device for your use at home. To use this, lift up the toilet seat, place it on the edge of the toilet and then put the seat back down. Then urinate, measure and write down the amount. Then dump the urine in the toilet. You do not have to measure when you are at work or out (just estimate the volume as small, normal or large).

Column 1 is for the time of day in two-hour intervals for a 24-hour period.

Column 2 is for you to keep track of what you drink and how much.

Columns 3-6 have to do with going to the bathroom.

- Each time you go, make a mark in the 3rd column.
- Put the measured volume of urine in the 4th column. If you are at work or out, you can just estimate the volume as small, normal or large.
- In the 5th column, circle if you have a strong urge or not each time you go.
- If the urge was strong, write down what activity it interrupted in the 6th column.

Columns 7-9 have to do with what you are doing when leakage occurs. This leakage may be on the way to the bathroom, when you cough or sneeze, or any other time.

- Column 7 is for documenting if you leak or not.
- Column 8 is to write down the amount of leakage (small, medium, got soaked).
- Column 9 is to write down what you were doing when the leakage occurred.

Please bring the bladder records to your appointment. If you have any questions, please call the Center for Incontinence and Pelvic Health Program at 609.303.4460.

BLADDER RECORD INSTRUCTIONS

Full Name: _____

Date: _____

| TIME | FLUIDS | INFORMATION ABOUT URINATION | | | | | INFORMATION ABOUT ACCIDENTS / LEAKAGE | | | |
|------------------|------------|---------------------------------|-----------------------------------|------------------------------------|---|--|---|--|--|--|
| | | How many times did you urinate? | What amount did you go each time? | Did you have a strong sudden urge? | If yes, what activity did it interrupt? | Did you have any leakage or accidents? | How much urine did you leak? Small, medium or large amount | What were you doing when the leakage happened? | | |
| Examples: | Coffee 8oz | | 100cc | | Meeting, TV, shopping | | small-S, medium-M or large-L amount | Sneeze, going to bathroom, coughing | | |
| 6-8 a.m. | | | | Yes No | | Yes No | S M L | | | |
| 8-10 a.m. | | | | Yes No | | Yes No | S M L | | | |
| 10 a.m.-12 p.m. | | | | Yes No | | Yes No | S M L | | | |
| 12-2 p.m. | | | | Yes No | | Yes No | S M L | | | |
| 2-4 p.m. | | | | Yes No | | Yes No | S M L | | | |
| 4-6 p.m. | | | | Yes No | | Yes No | S M L | | | |
| 6-8 p.m. | | | | Yes No | | Yes No | S M L | | | |
| 8-10 p.m. | | | | Yes No | | Yes No | S M L | | | |
| 10 p.m.-12 a.m. | | | | Yes No | | Yes No | S M L | | | |
| 12-2 a.m. | | | | Yes No | | Yes No | S M L | | | |
| 2-4 a.m. | | | | Yes No | | Yes No | S M L | | | |
| 4-6 a.m. | | | | Yes No | | Yes No | S M L | | | |