Erica Nelson, M.D.
Continence Center
Bladder Diary

Please complete prior to your visit. You may stop by St. John's outpatient lab to get a urine measuring container for your toilet if you desire. Choose a 24 hour period when it is convenient to measure and record the time and: the amount and type of fluid you drink, the amount you void (urinate), any leakage (small, medium or large), any urge to void just prior to leakage, and your activity when you leak or need to void. For example:

Time	Fluid intake amount (oz.)	Void amount (oz.)	Leak? (S,M,L)	Urge prior to leak?	Activity
7:00 AM	8 oz. coffee	180 ml. 6 ml.	----	----	awakening
7:20 AM	----	----	M	yes	washing my hands & face

Time	Fluid intake amount (oz.)	Void amount (oz.)	Leak? (S,M,L)	Urge prior to leak?	Activity
TOTAL					