

Voiding Log (Bladder Record)

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Complete one of these records each day for several days, then take the completed records to your doctor. This information will help you and your doctor see how often you leak urine and what seems to cause the leakage.

Name: _____

Date: _____

Instructions: Place a check mark in the appropriate column next to the time you urinated in the toilet or when an incontinence episode occurred. Note the reason for the incontinence, and describe your liquid intake (for example, coffee or water) and estimate the amount (for example, 1 cup).

| Time interval | Urinated in toilet | Had a small incontinence episode | Had a large incontinence episode | Reason for incontinence episode | Type/amount of liquid intake |
|------------------|--------------------------|----------------------------------|----------------------------------|---------------------------------|------------------------------|
| 6–8 a.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8–10 a.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10 a.m.–noon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Noon–2 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2–4 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4–6 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6–8 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8–10 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10 p.m.–midnight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Overnight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Number of times urine leaked today: _____

Number of absorbent pads used today: _____

Comments: _____

Source: Fantl JA, et al. (1996). Urinary Incontinence in Adults: Acute and Chronic Management: 1996 Update. AHCPR Clinical Practice Guidelines No. 2. Rockville, MD: Agency for Health Care Policy and Research (AHCPR).



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