Successful Strategies to Support your OAB Patients

Detection • Diagnosis • Treatment • Underlying Causes • Communication • Control • Quality of Life

Patient Name: _____

From the office of: _____

Intake and Bladder Diary

This chart is a record of your fluid intake, voiding and urine leakage. Please bring this diary to your next visit.

1. Choose 4 days (entire 24 hours) to complete this record – they do not have to be in a row. Pick days that will be convenient for you to measure every void.
2. Begin recording when you wake up in the morning- continue for a full 24 hours.
3. Make a separate record for each time you void, leak, or have anything to drink.
4. Measure voids (using cc measurements).
5. Measure fluid intake in ounces.
6. When recording a leak – please indicate the volume using a scale of 1-3 *(1=drops/damp, 2=wet-soaked, 3=bladder emptied), your activity during the leak, and if you had an urge ("yes" or "no").

DATE/TIME	Amount Voided (in ccs)	Leak Volume (scale of 1-3)	Activity during leak	Was there an urge	Fluid intake (Amount in ounces/type)
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	
		1 / 2 / 3		Y / N	

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