

Bladder Diary

1. Please fill out the bladder diary for 3 days.
2. It is required by your insurance company for the treatment of your bladder condition.
3. Once complete, bring this form to your Urodynamics (UDS) appointment, physician office, and/or call the overactive bladder patient navigator at 210-614-4544 ext. 1634.

Name: _____

DOB: _____

Date: _____

Date	Time	Drinks		Bathroom		Actions	
		What Kind?	How Much?	Strong urge to urinate? (Yes or No)	Accidental leaks? (Yes or No)	What were you doing at the time?	Average # of pads used?
1/1	6:00 AM	Coffee	6oz Cup	Yes	Yes	(Coughing, laughing, up from chair, etc.)	2

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