

**URINARY DIARY**

INSTRUCTIONS: This chart is designed to help your doctor evaluate how your bladder works. The information it provides is important, so please try to keep an accurate record for two or three consecutive days and nights.

Each day, write down the time that you empty your bladder. Also note whether the urination was associated with a strong urge to empty your bladder (urgency) or was accompanied by any leakage. Record separately any episodes of urinary incontinence that you experience.

Under Activity, describe what activity occurred at the time you emptied your bladder, such as “Awoke for the day”, “Awoke from sleep” or “Sitting at my desk”.

If you receive special instructions to record the amount voided, record the amount in milliliters (not ounces) in the appropriate column. Most patients will not have to record the volume urinated.

Please remember to bring the completed diary with you when you see Dr. Togli. Alternatively, you can fax it to him at 610-627-4224.

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

Date	Time	Volume	Urgency/ Leakage	Activity	Type/amount fluid intake

No. of pads used today: \_\_\_\_\_ No. of incontinent episodes: \_\_\_\_\_

Date	Time	Volume	Urgency/ Leakage	Activity	Type/amount fluid intake

No. of pads used today: \_\_\_\_\_ No. of incontinent episodes: \_\_\_\_\_