Urology Associates Phone: 512-244-0161

## **BLADDER DIARY**

Please record a minimum of 3 days of urine output. Consecutive days are preferred.

Volume Voided	Vol. Cath. (If Appropriate)	Leakage W – Wet D – Damp S – Soaked	Pad Change W – Wet D – Damp S – Soaked	Date	<b>Time</b> AM/PM	Volume Voided	Vol. Cath. (If Appropriate)	Leakage W – Wet D – Damp S – Soaked	Pad Change W – Wet D – Damp S – Soaked