



KANSAS CITY WOMEN'S CLINIC
KCWC: A tradition of excellence since 1953

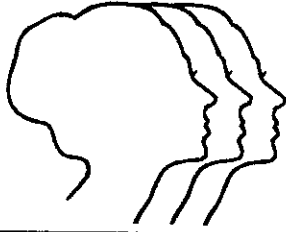
BLADDER DIARY

PATIENT: _____ **DATE:** _____
REFERRING DOCTOR: _____ **KCWC #:** _____

| TIME | FLUIDS | VOIDED AMT | SMALL ACCIDENT | LARGE ACCIDENT | REASON FOR ACCIDENT |
|----------|------------|------------|----------------|----------------|--------------------------------|
| | | | | | |
| 6:35 AM | | 300 ML | X | | URGE-LEAKED ON WAY TO BATHROOM |
| 7:00 AM | 4 OZ OJ | | | | |
| | 8 OZ TEA | | | | |
| 7:35 AM | | 120 ML | | | |
| 9:30 AM | 8 OZ TEA | | | | |
| 12:02 PM | | | X | | NO URGE-SNEEZED |
| 12:30 PM | 8 OZ WATER | | | | |
| 1:00 PM | | 150 ML | | | |
| 4:00 PM | 16 OZ 7-UP | | | | |
| 5:12 PM | | 200 ML | | X | URGE-LEAKED ON WAY TO BATHROOM |
| 7:15 PM | 8 OZ TEA | | | | |
| 9:36 PM | | 120 ML | X | | URGE-COUGHED |
| 10:50 PM | 4 OZ WATER | 150 ML | | | |
| | | | | | |
| | | | | | |

INSTRUCTIONS:

- In the 1st column, record the time each time you void or drink.
- In the 2nd column, record the type and amount of fluid you drink.
- In the 3rd column, record the amount you void every time you void.
- In the 4th or 5th column, record every time you accidentally leak urine.
- In the 6th column, enter the activity you were doing at the time of the accident or the circumstances of the accident.



KANSAS CITY WOMEN'S CLINIC
KCWC: A tradition of excellence since 1953

NAME _____

A/C # _____

DATE _____

URINARY EVALUATION

- Do you have problems with accidental loss of urine? YES NO
- How many months or years have you had leakage? _____ MONTHS _____ YEARS
- Do you have to wear pads or protective clothing to prevent or help with urinary loss? YES NO
- If so, how many pads do you wear per day? _____
- How many trips do you make to the bathroom during the day? At night? _____ DAY _____ NIGHT
- Do you ever wet the bed while sleeping? YES NO
- Are you bothered by a strong sense of urgency to void?
Can you overcome it? YES NO
- Do you sometimes fail to reach the bathroom in time? YES NO
- Does the sound, sight or feel of running water cause you to lose urine? YES NO
- Do you lose urine when you cough, sneeze, run, or lift heavy objects? YES NO
- Do you lose urine with posture changes, standing or walking? YES NO
- Do you feel as though you are constantly wet? YES NO
- Do you feel as though your bladder is completely empty after passing urine? YES NO
- Do you have difficulty starting a stream of urine? YES NO