BLADDER CHART

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 at least five consecutive days and nights.

Each day write down the time that you empty your bladder and measure the amount of urine that you pass (1ounce=30 ml). Make a special note, perhaps in a different color of ink, of those times when you are **awakened from sleep at night** with an urge to pass your urine. Also, please mark any times that you leak urine or we yourself.

If you are scheduled for urodynamic studies, you must bring this completed chart with you when you have your studies. If you do not bring it with you, your test will be cancelled!!

NAME ________________________________ Date chart started ______________________

DAY	**TIME** Exact time (a.m. or p.m.)	**VOLUME** ml or cc	**WETTING** Check space		**DAY**	**TIME** Exact time (a.m. or p.m.)	**VOLUME** ml or cc	**WETTING** Check space

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