

# **Overactive Bladder (OAB)**

**Treatment & Education** 

# How To Use The Bladder Diary

#### Time

Record the time of every drink, trip to the bathroom, and leakage.

**Drinks** 

Measure and record the amount and type of all liquids you drank. Use ounces for measurement (1 cup = 8oz).

#### Urination

Measure and record the amount of urine in "cc's" EVERY time you urinate. A hat will be provided to you for this.

Leakage 

Indicate if you had leakage and how much. Small (drops), Medium (wet), or Large (complete emptying of bladder).

Urge

Indicate if you felt an urge to go to the bathroom. (Yes/No)

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  - Activity

Record what you were doing when the leakage occurred. Examples: Sneezing, coughing, exercising, lifting, reading, doing dishes, laughing etc.

#### **Recording Your Information Prior to Your Appointment**

Your information does not need to be recorded in 3 consecutive days, just any 3 days prior to your appointment.

#### Need to Schedule an Appointment?

If you do not have an upcoming appointment with your physician and would like to schedule one, please call our office at (708) 888-8AUS

ladde	er Diary (Day	Une)	Patient Name: Date:		
TIME	DRINKS What kind/how much (oz)	URINATION How much did you urinate? (cc's)	LEAKAGE "Yes or No" How much? (sm, med, Irg)	URGE "Yes or No"	ACTIVITY What were you doing at the time? (exercise, cough, lifting etc.)
7:00am	Coffee - 8oz				
3:30am		150cc	Yes, Small	Yes	Watching TV



# Bladder Diary (Day One)

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

TIME	<b>DRINKS</b> What kind/how much (oz)	URINATION How much did you urinate? (cc's)	<b>LEAKAGE</b> "Yes or No" How much? (sm, med, Irg)	URGE "Yes or No"	ACTIVITY What were you doing at the time? (exercise, cough, lifting etc.)
7:00am	Coffee - 8oz				
8:30am		150cc	Yes, Small	Yes	Watching TV



# Bladder Diary (Day Two)

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

TIME	<b>DRINKS</b> What kind/how much (oz)	URINATION How much did you urinate? (cc's)	<b>LEAKAGE</b> "Yes or No" How much? (sm, med, Irg)	URGE "Yes or No"	ACTIVITY What were you doing at the time? (exercise, cough, lifting etc.)



# Bladder Diary (Day Three)

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

TIME	<b>DRINKS</b> What kind/how much (oz)	URINATION How much did you urinate? (cc's)	<b>LEAKAGE</b> "Yes or No" How much? (sm, med, Irg)	URGE "Yes or No"	ACTIVITY What were you doing at the time? (exercise, cough, lifting etc.)