

**Bladder Chart  
Patient Instructions**

**West Ridge Ob-Gyn  
Rochester, NY**

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

1. The bladder chart should be maintained for at least 2 consecutive days and nights.
2. All information will be kept confidential and used only for clinical purposes.
3. If you have any questions please call 225-1580.
4. Enter the day/time of every void (bladder emptying) and/or leakage.
5. For each void, use a marked container to record accurate volume.
6. For incontinence or loss of bladder control:
  - a. Place a ✓ mark;
  - b. Note the amount of leakage as follows:  
mild (drops only); moderate (pad or underwear damp); large (pad or underwear saturated).
  - c. Describe what activity, if any, you were doing at the time if the incontinence.
  - d. If leak is associated with urge, please check "Urge Present" (✓).

[ See the following examples ]

DAY TIME	TYPE AND AMT. OF FLUID INTAKE, IN CC	AMT. OF VOID, IN CC	& / or	←-----INCONTINENCE-----→			
				✓	AMT. OF LEAK	ACTIVITY AT TIME OF LEAK	URGE PRESENT?
5/5 01:15 am		425					
5/5 07:00 am	OJ: 300			✓	moderate	taking a shower	✓
5/5 10:00 am	Water: 100			✓	mild	Sneeze	
5/5 11:30 am	Coffee: 100	125		✓	mild	Sneeze	

[ Your bladder chart starts here – pg. 1/2 ]

DAY TIME	TYPE AND AMT. OF FLUID INTAKE, IN CC	AMT. OF VOID, IN CC	& / or	←-----INCONTINENCE-----→			
				✓	AMT. OF LEAK	ACTIVITY AT TIME OF LEAK	URGE PRESENT?

