My Bladder Chart

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Your healthcare provider would like you to record the time, amount, and result of each of your attempts to urinate.

Date:		
Scheduled Time (every 2 to 3 hours) **Example:**	**Amount** (large, medium, small)	**Results** (dry, wet, attempted no results)
7:30 AM	**large**	**wet**

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