

Bladder Function Record



**THE OHIO STATE
UNIVERSITY**

WEXNER MEDICAL CENTER

Patient's Name: _____ Date: _____

1. Time	2. Result C - Continent I - Incontinent R - Retention I/C - Wet but able to urinate	3. Amount Amount of urine (ml) -or- small, medium, or large spot	4. Scan Amount from scan (ml)	5. If Wet If wet, what were you doing?	6. Urge or No Did you feel an urge or no urge?	7. Self or Other Did you go or someone remind you to go?	8. Fluids Amount (ml) and type of fluids you had
12 AM							
1 AM							
2 AM							
3 AM							
4 AM							
5 AM							
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							

Talk to your doctor or health care team if you have any questions about your care.