DOERNBECHER CHILDREN'S Hospital
OHSU

Pediatric Urology

Catheterization Log

Name: _____ DOB:_____

Please record **each** time your child catheterizes his or her bladder for several days.
Record any leakage as follows: **0**=dry, **1**=spot on underwear, **2**=wet underwear, **3**=wet clothing. **WB**= wet bed at night.

Date	Time	Amount Urinated	Amount Catheterized	Leakage?