Daily Voiding Diary

Name _____

Week Beginning _____

INSTRUCTIONS

This Chart is a record of your voiding (urinating)and leakage (incontinence) of urine. Please follow the instructions below prior to your next visit to our office.

Choose three days, not necessarily consecutive days. Keep the record when you can conveniently measure trips to the bathroom. Begin your record with the first voiding upon arising in the morning.

1. Record times of all voids, leakage and intake of liquid.
2. Measure all intake in cups.
3. Describe the activity you were performing at the time of leakage. If you were not actively doing anything, record whether you were sitting, standing or lying down.
4. Estimate the amount of leakage according to the following scale:

1. = damp, a few drops only
2. = wet underwear or pad
3. = soaked or emptied bladder

5. If the urge to urinate accompanied (or preceded) the urine leakage, write yes. If you felt noo urge when the leakage occured, write no.

6. Record the amount and type of all liquid intake using cups (1 cup = 8oz.).
Example

Day: _____

Time	Fluid Intake	Voiding	Activity	Leakage		
				Amount	Urge	Wet Bed
8:00 am	1 c.					
8:30 am			Tennis	2	No	
9:15 am						

FOLD

Panel A

Day: _____

Time	Fluid Intake	Voiding	Activity	Leakage		
				Amount	Urge	Wet Bed

FOLD

Panel B

Day: _____

Time	Fluid Intake	Voiding	Activity	Leakage		
				Amount	Urge	Wet Bed

Panel C

Day: _____

Time	Fluid Intake	Voiding	Activity	Leakage		
				Amount	Urge	Wet Bed