Patient name:

INTAKE & VOIDING DIARY

- *This chart is a record of your fluid intake, voiding and urine leakage.*
- *Choose 4 days (entire 24 hours) to complete this record – they DO NOT have to be in a row.*
- *Pick days in which will be convenient for you to measure EVERY void.*
- *Please bring this diary to your next visit.*

INSTRUCTIONS:

1. Begin recording upon rising in the morning–continue for a full 24 hours.
2. Record separate times for voids, leaks and fluid intake.
3. Measure voids in "cc's" using the hat.
4. Measure fluid intake in ounces.
5. When recording a leak – please indicate the volume ("1,2, or 3"), your activity during the leak, and if you had an urge ("yes" or "no")

Examples of entries

DATE:

TIME	Amount voided (in ccs)	LEAK Volume 1 = drops/damp 2 = wet-soaked 3=bladder emptied	Activity during leak	Was there an urge?	Fluid intake (Amount in ounces/type)
7:00a	*250 cc*	*2*	*Running*	*Yes*	
7:30a					*8 oz./Herbal tea*

DATE:

TIME	Amount voided (in ccs)	LEAK Volume 1 = drops/damp 2 = wet-soaked 3=bladder emptied	Activity during leak	Was there an urge?	Fluid intake (Amount in ounces/type)

DATE:

TIME	Amount voided (in ccs)	LEAK Volume 1 = drops/damp 2 = wet-soaked 3=bladder emptied	Activity during leak	Was there an urge?	Fluid intake (Amount in ounces/type)

DATE:

TIME	Amount voided (in ccs)	LEAK Volume 1 = drops/damp 2 = wet-soaked 3=bladder emptied	Activity during leak	Was there an urge?	Fluid intake (Amount in ounces/type)