



DAILY VOIDING DIARY

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 in our office.

Choose 2 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 (8oz)
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 no urge when the leakage occurred write NO.

DAILY VOIDING DIARY

			If Leakage			
TIME	FLUID INTAKE	VOIDING	ACTIVITY	AMOUNT	URGE	WET BED
6AM-8AM						
8AM-10AM						
10AM-12PM						
12PM-2PM						
2PM-4PM						
4PM-6PM						
6PM-8PM						
8PM-10PM						
10PM-12AM						
12AM-2AM						
2AM-4AM						
4AM-6AM						

DAILY VOIDING DIARY

			If Leakage			
TIME	FLUID INTAKE	VOIDING	ACTIVITY	AMOUNT	URGE	WET BED
6AM-8AM						
8AM-10AM						
10AM-12PM						
12PM-2PM						
2PM-4PM						
4PM-6PM						
6PM-8PM						
8PM-10PM						
10PM-12AM						
12AM-2AM						
2AM-4AM						
4AM-6AM						