

Patient Name:

Intake and Voiding Diary

This chart is a record of your fluid intake, voiding and urine leakage. Please bring this diary to your next visit.

Instructions:

1. 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.
2. Begin recording when you wake up in the morning—continue for a full 24 hours.
3. **Make a separate record for each time you void, leak, or have anything to drink.**
4. Measure voids (using cc measurements) using the hat.
5. Measure fluid intake in ounces.
6. When recording a leak – please indicate the volume using a scale of 1-3 *(1=drops/damp, 2=wet-soaked, 3=bladder emptied), your activity during the leak, and if you had an urge (“yes” or “no”).

DAY 1		Date:			
Time	Amount Voided (in ccs)	Leak Volume (scale of 1-3)	Activity during leak	Was there an urge	Fluid intake (Amount in ounces/type)
Example					
7:15a	325 cc				
7:45a		2	Watching TV	Yes	
8:15a					8 oz coffee, 8 oz orange juice
10:30a		1	Jogging	No	

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DAY 2		Date:			
Time	Amount Voided (in ccs)	Leak Volume (scale of 1-3*)	Activity during leak	Was there an urge	Fluid Intake (Amount in ounces/type)

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5. Measure fluid intake in ounces.
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DAY 3					
Date:					
Time	Amount Voided (in ccs)	Leak Volume (scale of 1-3*)	Activity during leak	Was there an urge	Fluid intake (Amount in ounces/type)

Patient Name:

Instructions:

1. 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.
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5. Measure fluid intake in ounces.
6. When recording a leak – please indicate the volume using a scale of 1-3 *(1=drops/damp, 2=wet-soaked, 3=bladder emptied), your activity during the leak, and if you had an urge (“yes” or “no”).

DAY 4	Date:				
Time	Amount Voided (in ccs)	Leak Volume (scale of 1-3*)	Activity during leak	Was there an urge	Fluid intake (Amount in ounces/type)