Name:
Date:

Voiding Diary

This chart is a record of your voiding (urinating) and leakage (incontinence) of urine. Please complete this according to the following instructions prior to your visit to our office. Choose a 24-48hr period (if possible) to keep this record when you can conveniently measure your voids. If you are unable to keep the diary for a 24hr period, try to keep it for as many hours as possible, say from early evening when you get home from work until you get up the next morning. Include all voids, even if they occur in the middle of the night.

Example:

Voiding Diary

Time	Amount Voided	Activity	Leak Volume	Urge Present	Amount/Type of Intake
6:45 am 7:00 am	10 oz	Awakening Turned on water	0 1 2 3	Yes/No	2 Cups Coffee 6oz Orange Juice

Record the time of all voiding, leakage, and intake of liquids. Measure and record all intake and output in ounces or mL (30mL = 1oz; 1 cup = 8oz = 240 mL). 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. Estimate the amount of leakage according to the scale at the bottom of the page.

If the urge to urinate accompanied (or preceded) the urine leakage, circle Yes. If you felt no urge when the leakage occurred, circle No.

Scale:

0 = no leakage

1 = damp

2 = wet underwear or pad

3 = soaked or empty bladder

Name:
Date:

Voiding Diary

Time	Amount Voided	Activity	Leak Volume	Urge Present	Amount/Type of Intake
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	

Name:
Date:

Voiding Diary

Time	Amount Voided	Activity	Leak Volume	Urge Present	Amount/Type of Intake
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	
			0 1 2 3	Yes/No	