



Patient's Name:	

Two Days Voiding Diary

This chart is a record of your voiding and leakage of urine. Choose 2 separate 24-hour periods to complete this record and measure every void. Please bring this diary to your next visit.

Instructions:

- 1. Begin recording with your first morning void.
- 2. Measure all intake and voids in cc's or ounces. You can measure the amount of urine by placing a plastic bowl on the toilet seat for collection. You may also obtain a special collection bowl from our office.
- 3. Describe the activity you were doing at the time of leakage (lifting, coughing, sneezing, sitting, etc.).
- 4. Estimate leak volume as follows:
 - \boxtimes 1 = dampness
 - \boxtimes 2 = wet underwear or pad
 - \boxtimes 3 = soaked or emptied bladder
- 5. Please note if you had an urge to void (Yes/No)

Date:					
Time (AM or PM)	Amount voided (in cc's or ounces)			Activity	Fluid Intake (Type & Amount in cc's or ounces)
(TAIVE OF TIVE)	(in cc s or ounces)	(See above)	(165/100)		(Type & Amount in ec s of ounces)

J	I	l.	

Date:	

Time	Amount voided	Leak volume	Urge?	Activity	Fluid Intake
(AM or PM)	(in cc's or ounces)	(See above)	(Yes/No)	-	(Type & Amount in cc's or ounces)

Example:

Time	Amount voided	Leak volume	Urge?	Activity	Fluid intake
(AM or PM)	(in cc's or ounce)	(See above)	(Yes/No)		(Type and amount in cc's or ounce)
8:00am	250cc				
8:30am				Exercise	8 oz coffee
9:00am		2	No	Cough	
10:30am	150cc				6 oz water
11:15am		3	Yes	In shower	