Patient name:		
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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.

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 сс	2	Running	Yes	
7:30a					8 oz./Herbal tea

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")

DATE:

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

DATE:

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

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)
				urger	