

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 that 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).
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)
<b>Example</b>					
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 <i>(in ccs)</i>	Leak Volume <i>(scale of 1-3*)</i>	Activity during leak	Was there an urge	Fluid Intake <i>(Amount in ounces/type)</i>

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

Patient Name:

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4. Measure voids (using cc measurements).
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	Fluide intake (Amount in ounces/type)