Patient name:

INTAKE & VOIDING DIARY

- *This chart is a record of your fluid intake, voiding and urine leakage.*
- *Choose 3 consecutive days (entire 72 hours) to complete this record.*

- *Pick 3 days in which it will be convenient for you to measure EVERY void.*
- *Please bring this diary to your next visit.*

INSTRUCTIONS:

1. Begin recording upon rising in the morning–continue for a full 72 hours.
2. Record separate times for voids, incontinence episodes and fluid intake.
3. Measure voids in ml using the hat.
4. Measure fluid intake in ml or 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")

Examples of entries

DATE:

TIME	Amount voided (in ml)	Incontinence 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 ml*	*2*	*Running*	*Yes*	
7:30a					*8 oz./Herbal tea*

DATE:

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

DATE:

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

DATE:

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