Voiding Diary

Please use the enclosed form to keep a record of measurement of your fluid intake, voids (urination) and any episodes of urine leakage for two days. Read the directions carefully and complete the diary before your appointment. If you would like to purchase a container (specipan) that fits inside your toilet to help measure your voids, you may contact Westside Medical Supply in Gates/Greece (585-227-8750), Fonte Surgical Supply in Irondequoit (585-338-1000), or Eastside Medical Supply (585-623-8936). The cost is typically $2 to $3 dollars. Otherwise, you may use any standard measuring cup. You may measure your fluid intake and void amounts in cups, ounces or millimeters (ml or cc), but please indicate which units you are using.

Choose a 48-hour (two days together; example: Monday - Tuesday) period that is convenient for you. You need to start with your first void in the morning and continue for the entire 48 hours, including nightime.

The following categories are included in the voiding diary:

TIME — Record the time of every void, leak or drink.

AMOUNT VOIDED — Measure the amount of urine voided.

AMOUNT LEAKED — Measure the amount of urine leaked; drops, wet, soaked, etc.

ACTIVITY — Record what you were doing when you had leakage of urine. For example: laughing, doing dishes, coughing, sitting, walking to bathroom, etc.

URGE PRESENT — If you felt the urge to void before you lost urine, record yes. If you did not, record no.

TYPE OF FLUID — Measure and record the amount and type of all liquids you drank.

Example

TIME	AMOUNT VOIDED	AMOUNT LEAKED	ACTIVITY AT TIME OF LEAK	URGE PRESENT? YES/NO	FLUIDE INTAKE TYPE/AMOUNT
7:00 a.m.	300 cc	drops	walking to bathroom	yes	
7:30 a.m.					Coffee, 8 ounces
8:00 a.m.		wet	coughing	no	

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Please do not use pencil.

Patient's Name: _____ Date: _____

TIME	AMOUNT VOIDED	AMOUNT LEAKED	ACTIVITY AT TIME OF LEAK	URGE PRESENT? YES/NO	FLUID INTAKE TYPE/AMOUNT

Voiding Diary

Please do not use pencil.

Patient's Name: _____ Date: _____

TIME	AMOUNT VOIDED	AMOUNT LEAKED	ACTIVITY AT TIME OF LEAK	URGE PRESENT? YES/NO	FLUID INTAKE TYPE/AMOUNT

Voiding Diary

Please do not use pencil.

Patient's Name: _____ Date: _____

TIME	AMOUNT VOIDED	AMOUNT LEAKED	ACTIVITY AT TIME OF LEAK	URGE PRESENT? YES/NO	FLUID INTAKE TYPE/AMOUNT