

## VOIDING DIARY INSTRUCTIONS

We ask that all new patients to our practice complete a 48-hour voiding diary, even if they do not have symptoms of urinary incontinence. This record is extremely valuable in determining the cause and possible treatment of your condition.

Please use the enclosed form to keep a record of your fluid intake, your voids, and any episodes of urine leakage for 2 days. Read the directions carefully and complete the diary prior to your appointment. If you would like to purchase a container that fits your toilet to help you measure your voids, you may contact Southside Apothecary in Brighton (271-7141) or Fonte's Surgical Supply in Irondequoit (339-1000). The cost is typically less than 2 dollars. Otherwise, you may use any standard measuring cup. You may measure your fluid intake and void amounts in cups or ounces but please indicate which units you are using.

Choose a 48-hour period that is convenient and start from the first void when you get up in the morning and continue for the entire 48 hours, including night time. If you run out of room, please use blank pieces of paper with the same columns.

- TIME** Record the time of every void, leak, or drink.
- AMOUNT VOIDED** Measure the amount of urine voided.
- AMOUNT LEAKED** Estimate the amount of urine leaked: drops, wet, soaked, etc.
- ACTIVITY** Record what you were doing when your leakage occurred. 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	FLUID INTAKE Type/Amount
7:00 a.m.	3 ounces	Drops	Walking to bathroom	Yes	
					Coffee 8 ounces
		Wet	Coughing	No	











