VOIDING DIARY

Please complete this form as accurately as possible and bring it with you to your next clinic visit. It is important to keep records for ***three 24 hour periods***. They don't have to be in a row.

Record the amount of liquid that you drink, the time and what you drink. Try to drink what you usually drink. Measure liquid in a cup one time and then use the same cup for drinking during the three days.

Write the time and amount you urinate.

If you have an incontinent episode, record it in the appropriate box and try to describe the amount, e.g., drips, changed panty liner, changed underwear and pants, etc.

Describe the activity that you were participating in at the time of your incontinence or any other pertinent information such as urge before urinating, etc. Be as complete as possible.

Record the total number of incontinent episodes for each day at the bottom of your sheet.

EXAMPLE:

Time	Fluid Intake	Urinated in Toilet	Small Accident	Large Accident	Reason for incontinence or accompanying activity
8 a.m.	8 oz Coffee	-			
11 a.m.		6-1/2 oz			
4 p.m.				Soaked maxipad	Carried groceries
7:30 p.m.	8 oz milk		Leaked few drops		Coughed
12:30 a.m.		10 oz			Woke up with strong urge to go.

Name: _____

Date: _____

Time	Fluid Intake	Urinated in Toilet	Small Accident	Large Accident	Reason for incontinence or accompanying activity

Total number of incontinent episodes: _____

Name: _____

Date: _____

Time	Fluid Intake	Urinated in Toilet	Small Accident	Large Accident	Reason for incontinence or accompanying activity

Total number of incontinent episodes: _____

2007-12-27

Name: _____

Date: _____

Time	Fluid Intake	Urinated in Toilet	Small Accident	Large Accident	Reason for incontinence or accompanying activity

Total number of incontinent episodes: _____