

**VOIDING DIARY INSTRUCTION**

A voiding diary is a record of all the fluids you drink and the amount you urinate for two separate 24-hour periods. These two days need not be consecutive. It is important that they are representative of your normal bladder activity. Please complete the Voiding Diary in each column as follows:

- Time of Day. Indicate the time of day you get up, drink any fluids, urinate or accidentally leak urine. Indicate the time you go to bed and draw a line across the page to show your fluid intake and urination during the night, or circle the times when you awoke from sleep to urinate.
- Fluid Intake. Indicate the amount in milliliters and the type of all the fluids you drink.
- Amount Voided. Each time you urinate place the “urine hat” in the toilet so it will collect your urine flow. Measure and record the amount in the hat. If you are away from home, you might find it convenient to collect the urine by using a small measuring cup.
- Associated Symptoms. Indicate any associated symptoms prior to or during urination; i.e. urgency to void, painful urination, relief of pain with urination, a slow urinary stream, etc.
- Amount of accidental leakage. Indicate the amount of urine you leak as follows:  
 1 = Damp, a few drops only  
 2 = Wet underwear or pad  
 3 = Soaked clothing, pad, or emptied bladder
- Activity/Symptoms When Leakage Occurred. Note any symptoms associated at the time accidental voiding occurs, such as coughing, sneezing, exercising, urgency, or pain.

Please list below all medications you take during each diary day:

<b><u>Day 1</u></b>		<b><u>Day 2</u></b>	
<u>Medication</u>	<u>Dosage</u>	<u>Medication</u>	<u>Dosage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Time of Day	Fluid Intake ( <u>milliliters</u> )* Type of Fluid	Amount Voided (milliliters)	Associated Symptoms	Amount of Accidental Leakage	Activity When Leakage Occurred