

OBGYN-CARE

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VOIDING DIARY/UROLOG

Patient Name: Date of birth:

This chart is a record of your voiding (urinating) and leakage (incontinence) of urine. Choose a 24-hour period to keep this record when you can conveniently measure every voiding and every fluid intake and begin your record with the first voiding upon arising.

- Record the time of all voiding, involuntary leakage and intake of liquids.
- Measure all intake and output in cc. or oz. (1 cup = 8 oz = 240 cc).
- Describe activity you were performing at time of leakage. If you were not actively doing anything, record whether you were sitting, standing, or lying down.
- Estimate the amount of leakage according to the following scale:
 - 1 = damp, few drops only
 - 2 = wet underwear or pad
 - 3 = soaked or emptied bladder
- If the urge to urinate accompanied (or proceeded) the urine leakage write YES. If you felt no urge when the leakage occurred write NO.

