INSTRUCTIONS FOR COMPLETING THE VOIDING DIARY

1. Please complete the voiding diary for a total of 3 days.
2. On the day that you start recording events in the voiding diary, **print your name and date at the top of the diary.**

How to record the diary:

Time: The time you went to the bathroom or drank something

Urgency: From 1 to 5, where 1 is 'I don't need to go, but I will pee before I leave the house' to 5: Running to the bathroom and leaking or not making it.

Voided Measure your urine in "hat" provided. If you have a bowel movement, write the letters "BM" and note if you leaked.

Leaked? Y or N

Pad? If you change the pad, write D: Damp , W: Wet, S: Soaked

Type Drink: Coffee, tea, milk, water, beer, coke, etc

How Much? Measure the amount you are drinking using a measuring cup and recorded in ounces or mls, if amount not on side of can or bottle.

Time	*Urgency 1-5*	*Amt. Voided*	*Leak*	*Change Pad*	*Type of Drink*	*How Much*
7:00	4	200mls	Y	S		
8:20	2	50 mls	Y	Wet		
9:45					Tea	6 oz
10:00	4	BM	Y			

DATE _____

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DATE _____

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