



Voiding Diary Instructions

Please complete this diary **over 24 hours** and bring it with you to your Urogynecology appointment.

Instructions:

1. Begin recording on your diary upon rising in the morning and continue for a full 24 hours.
2. Record separate lines for each urination or liquid consumed.
3. You may measure in milliliters (cc's) or ounces but be consistent. Please **measure** these volumes; do not estimate. You can use a plastic measuring cup to capture urine.
4. If you leak, estimate the leak volume by one of the following:
 1. dampness or drops
 2. larger squirt or true wetness
 3. a very large leak or most of your bladder content
5. If your leak is related to an uncontrolled urge, then mark Yes in the Urge column and indicate what you were doing when this happened (standing up, running water, coming in the door, etc.).
6. If your leak is not related to an uncontrolled urge, then mark No in the Urge column. You can also indicate the associated activity such as cough, sneeze, bending, etc.

Sample Diary:

Time	Amount/Type of Intake	Amount Urinated	Leakage 1: drops 2: wet 3: soaked	Urge Yes / No	Activity
6 am		12 oz			
6:30 am	8 oz coffee				
10 am			2	No	Laughing
1:30 pm		6 oz	2	Yes	Running to the toilet



Voiding Diary Worksheet

Patient's Legal Name: _____
First Last Preferred Name

Date of Birth: _____
mm/dd/yyyy

Time	Amount/Type of Intake	Amount Urinated	Leakage 1: drops 2: wet 3: soaked	Urge Yes / No	Activity