Brigham and Women's Urogynecology Group

Brigham & Women's Hospital Newton-Wellesley Hospital South Shore Hospital

Patient's Name:	
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Two Days Voiding Diary

This chart is a record of your voiding and leakage of urine. Choose 2 separate 24-hour periods to complete this record and measure every void. Please bring this diary to your next visit.

Instructions:

- 1. Begin recording with your first morning void.
- 2. Measure all intake and voids in cc's or ounces. You can measure the amount of urine by placing a plastic bowl on the toilet seat for collection. You may also obtain a special collection bowl from our office.
- 3. Describe the activity you were doing at the time of leakage (lifting, coughing, sneezing, sitting, etc.).
- 4. Estimate leak volume as follows:
 - 1 = dampness
 - 2 = wet underwear or pad
 - 3 =soaked or emptied bladder

Date:

5. Please note if you had an urge to void (Yes/No)

Time	Amount voided	Leak volume	Urge? (Yes/No)	Activity	Fluid Intake
(AM or PM)	(in cc's or ounces)		(Yes/No)		(Type & Amount in cc's or ounces)
	,	,	, , ,		
					+

Date:	

Time	Amount voided	Leak volume	Urge? (Yes/No)	Activity	Fluid Intake
(AM or PM)	(in cc's or ounces)	(See above)	(Yes/No)		(Type & Amount in cc's or ounces)

Example:

Time	Amount voided	Leak volume	Urge?	Activity	Fluid intake
(AM or PM)	(in cc's or ounce)	(See above)	(Yes/No)		(Type and amount in cc's or ounce)
8:00am	250cc				
8:30am				Exercise	8 oz coffee
9:00am		2	No	Cough	
10:30am	150cc				6 oz water
11:15am		3	Yes	In shower	