

Please complete this chart prior to your appointment. Choose a 24-hour period when it is convenient for you to measure and record the following:

1. The amount of fluid you drink and type of beverage.
2. The amount of fluid you void (urinate). Use an old measuring cup holding at least two cups of mark off ounces or an old jar or can and use that to measure. Two (2) tablespoons = 1 ounce. There are also "hats" for the toilet to collect your urine available at our office.
3. The time when leakage occurred and whether or not you have an urge to void just prior to any leakages episodes.
4. The activity you are doing when you leak or feel the need to void.
5. Your awakening and bedtime during the 24-hour period.

Below is a sample diary for your review.

Awakening time: _____

Bedtime: _____

TIME	FLUID INTAKE AMOUNT (oz.)	TIME	VOID AMOUNTS (oz.)	LEAKS OR ACCIDENTS	STRONG URGE TO URINATE?	ACTIVITY WHEN YOU LEAKED OR HAD URGE
		6:20 AM	8 oz.			Awakening
7:00 AM	8 oz. coffee					
		7:20 AM	6 oz.	YES	YES	Washing
7:30 AM	8 oz. coffee					
		8:00 AM	9 oz.			
		8:45 AM		YES	YES	Coughing

