

Voiding Diary

24 hour 72 hour

Your health care provider has asked you to record a voiding diary using the instructions below. Please complete the diary for the time length marked above and bring along with you to review at your next visit. Save your collection “hat” in case this test needs to be repeated again in the future.

The Chart should be recorded as follows:

Column 1: This refers to the time of day the event occurred. The time of day voided, time of day leaked, time of day you drank, etc.

Column 2: This refers to the amount of urine collected for each void. In medicine, we usually measure in milliliters (ml).

Column 3: This refers to the type of activity you were doing at the time the leakage occurred such as walking, coughing, washing dishes, etc.

Column 4: This is an estimation of the amount of urine leakage. Record the amount according to the scale below:

- Few drops, damp..... 1
- Squirted enough to wet a pad..... 2
- Unable to stop flow, saturated pad..... 3

Column 5: Record with a “yes” any leakage preceded by the urge to urinate.

Column 6: Record with a “yes” any leakage that occurred with a stress event such as coughing, lifting or laughing.

Column 7: Record the amount and type of liquid consumed.

Example:

Time	Volume	Activity	Leak Amount	Leak with Urge	Leak with Stress	Fluid Intake
7:30 am	300 ml	Awakening				10 oz coffee
9:15 am		brushing teeth	1	yes		
11:00 am		Coughing	2		yes	

1 oz = 30 ml
 1 cup = 8 oz = 240 ml

