Patient name:		
Patielit liaille.		

# Boston Pelvic Health & Wellness 62 Walnut Street, Wellesley, MA 02481

# The health of the second of th

# **INTAKE & VOIDING DIARY**

- This chart is a record of your fluid intake, voiding and urine leaks.
- Choose 2 to 4 days (entire 24 hours) to complete this diary; the days do NOT have to be in a row.
- Pick days when you can conveniently measure EVERY void.
- Please bring this diary to your next visit.

# Examples of entries

### DATE:

TIME	Amount voided (in ccs)	Fluid intake (Amount in ounces/type)	LEAK Volume 1 = drops 2 = wet-soaked 3 = total loss	LEAK WITH URGE?	LEAK during what activity?
7:00a	250 сс				
7:15 a			2	No	Tread mill walking
7:30a		8 oz./Water			

### **INSTRUCTIONS:**

- 1. When you get up in the morning, catch, measure, and record your urine amount; do this for each void over 24 hours.
- 2. Record the time and amount of each void or leak.
- 3. Record voids in "cc's" using the hat.
- 4. Record what you drink in ounces.
- 5. Any time you leak urine, use the 3 leak columns to record amount ("1,2, or 3"), what you were doing when the leak happened (activity), and whether you felt urgency BEFORE you leaked ("yes" or "no")

## DATE:

TIME	Amount voided (in ccs)	Fluid intake (Amount in ounces/type)	LEAK Volume 1 = drops 2 = wet- 3 = total loss	LEAK WITH URGE ?	LEAK during what activity?
	-				

DATE:

TIME	Amount voided (in ccs)	Fluid intake (Amount in ounces/type)	LEAK Volume 1 = drops 2 = wet	LEAK WITH URGE?	LEAK during what activity?
			3= total loss		

DATE:

TIME	Amount voided (in ccs)	Fluid intake (Amount in ounces/type)	LEAK Volume 1 = drops 2 = wet 3 = total loss	LEAK WITH URGE ?	LEAK during what activity?
			3= total toss		