## THE OAB CLINIC COLIN M. GOUDELOCKE, MD

## VOIDING AND INCONTINENCE DIARY

- 1. Choose **3 days** (entire 24 hours) to complete this record they **do not** have to be in a row. Pick days during which it will be convenient to measure **every** void.
- 2. Begin recording when you wake up in the morning and continue for a full **24 hours**.
- 3. Make a separate entry each time you void, leak or have anything to drink.
- 4. Measure voids (in ml) using the provided "hat" or urinal. Measure all fluids you drink in ounces. You can discard urine once the volume is recorded.
- 5. Record each time you notice a leak please indicate how much using a scale from 1-3 (1=drops/damp, 2=wet/soaked, 3=bladder emptied/voided). Record if you felt an "urge" with the leak (yes or no).

Time of Day	Amount Voided (ml)	Fluid Intake (oz)	Leak Amount (1-3)	Activity with Leak	Urge with Leak (yes or no)	Comments
7:15 am	325 ml					
7:45 am		202				
9:00 am			2		Yes	
10:30 am		3 oz	1	Sneezing	No	

## Date:

## Number of Pads for full 24 hours:

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