Baystate Ob/Gyn Group Inc.

Patient Name: **Date of Birth:**

Intake and Voiding Diary

This chart is a record of your fluid intake, voiding and urine leakage.
Please bring this diary to your next visit.

Instructions:

1. Choose 2 days (entire 24 hours) to complete this record close to your scheduled appointment - they do not have to be in a row. Pick days that will be convenient for you to measure every void.
2. Begin recording when you wake up in the morning - continue for a full 24 hours.
3. **Make a separate entry for each time you void, leak, or have anything to drink in the appropropriate column.**
4. Measure voids (using mL measurements) using a urine collection container.
5. Measure fluid intake in ounces.
6. When recording a leak, indicate the volume using a scale of 1-3 (1=drops/damp, 2=wet/soaked, 3=bladder emptied), your activity during the leak, and if you had an urge ("yes" or "no").

EXAMPLE	DATE: Monday, 10/4/2010				
TIME	Amount voided (in mL)	Leak volume (scale of 1-3)	Activity during leak	Was there an urge?	Fluid Intake (Amount in ounces/type)
7:15 AM	325 mL				
7:45 AM		2	*Watching TV*	*Yes*	
8:15 AM					*8 oz coffee, 8 oz orange juice*
10:30 AM		1	*Jogging*	*No*	

Sample Page

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Day 1	**DATE:**				
TIME	**Amount voided (in mL)**	**Leak volume (scale of 1-3)**	**Activity during leak**	**Was there an urge?**	**Fluid Intake** (Amount in ounces/type)

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Day 2	**DATE:**				
TIME	**Amount voided (in mL)**	**Leak volume (scale of 1-3)**	**Activity during leak**	**Was there an urge?**	**Fluid Intake** (Amount in ounces/type)