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.** Only enter one event in each row whether it is void, leak, or fluid intake. Please look at the example below.
4. Record time and check box when voided
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	Check box when voided	Leak volume (scale of 1-3)	Activity during leak	Was there an urge?	Fluid Intake (Amount in ounces/type)
7:15 AM	√				
7:45 AM		2	*Watching TV*	*Yes*	
8:15 AM					*8 oz coffee, 8 oz orange juice*
10:30 AM		1	*Jogging*	*No*	
10:45 AM		3	*Walking to the bathroom*	*Yes*	
10:45 AM	√				

Sample Page

In this example, the patient voided at 7:15am. She then leaked at 7:45am while she was watching TV (with an urge); her leak volume was a "2" (wet/soaked). At 8:15, she drank 8 ounces of coffe along with 8 ounces of orange juice. At 10:30, she leaked while jogging (no urge), and her leak volume was a "1." At 10:45 she leaked on the way to the bathroom and then voided (leak and void at the same time noted on two separate lines). As exhibited in this example, each "event" is recorded on a separate line. For instance, do not enter information for void and leak in the same row even if they occur at appoximately the same time.

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