Voices for PFD

Patient Name:

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 4 days (entire 24 hours) to complete this record – 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 record for each time you void, leak, or have anything to drink.**
4. Measure voids (using cc measurements).
5. Measure fluid intake in ounces.
6. When recording a leak – please 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").

DAY 1	**Date:**				
Time	**Amount Voided** *(in ccs)*	**Leak Volume** *(scale of 1-3)*	**Activity during leak**	**Was there an urge**	**Fluid intake** *(Amount in ounces/type)*
Example					
7:15a	325 cc				
7:45a		2	Watching TV	Yes	
8:15a					8 oz coffee, 8 oz orange juice
10:30a		1	Jogging	No	

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DAY 2	**Date:**				
Time	**Amount Voided** *(in ccs)*	**Leak Volume** *(scale of 1-3*)*	**Activity during leak**	**Was there an urge**	**Fluid Intake** *(Amount in ounces/type)*

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Patient Name:

Instructions:

1. Choose 4 days (entire 24 hours) to complete this record – they do not have to be in a row. Pick days that will be convenient for you to measure every void.
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4. Measure voids (using cc measurements).
5. Measure fluid intake in ounces.
6. When recording a leak – please 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").

DAY 3	**Date:**				
Time	**Amount Voided** *(in ccs)*	**Leak Volume** *(scale of 1-3*)*	**Activity during leak**	**Was there an urge**	**Fluid intake** *(Amount in ounces/type)*

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Patient Name:

Instructions:

1. Choose 4 days (entire 24 hours) to complete this record – 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 record for each time you void, leak, or have anything to drink.**
4. Measure voids (using cc measurements).
5. Measure fluid intake in ounces.
6. When recording a leak – please 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").

DAY 4	**Date:**				
Time	**Amount Voided** *(in ccs)*	**Leak Volume** *(scale of 1-3*)*	**Activity during leak**	**Was there an urge**	**Fluide intake** *(Amount in ounces/type)*