Day 3 _____

Date: _____

Time	Intake	Void Amt.	Leak Amt.	While doing what?	Urge?

Core Balance Therapy, LLC, Ste. 120

CoreBalance Therapy, LLC

Daily Voiding Diary

Daily Voiding Diary

Instructions

This chart is a record of your voiding (urinating) and leakage (incontinence) of urine. Please follow the instructions below prior to your next visit to our office.

Choose three days, not necessarily consecutive days. Keep the record when you can conveniently measure trips to the bathroom. Begin your record with the first voiding upon arising in the morning.

- Record times of all voids, leakage and intake of food and fluid.
- Measure all intake and voids in ounces (1 second of voiding generally is equal to 1 ounce)
- Describe the activity you were performing at the time of leakage.
- Estimate the amount of leakage according to the following scale:
  1 = damp, a few drops only
  2 = wet underwear or pad
  3 = soaked or emptied bladder
- If the urge to urinate accompanied (or preceded) the urine leakage, write YES. If you felt no urge when the leakage occurred, write NO.
- Record the amount and type of all liquid intake using ounces (1 cup = 8 ox).

Example

Date: Tuesday May 20

Time	Intake	Void Amt.	Leak Amt.	While doing what?	Urge?
8:00 am	8 oz				
8:30 am			2	tennis	no
9:15 am		6 oz			

Day 1

Date: _____

Time	Intake	Void Amt.	Leak Amt.	While doing what?	Urge?

Day 2

Date: _____

Time	Intake	Void Amt.	Leak Amt.	While doing what?	Urge?