The Women's Health Group

INTAKE & VOIDING DIARY

Obstetrics & Gynecology

Patient name:_____

- This chart is a record of your fluid intake, voiding, and urine leakage.
- Choose 4 days (entire 24 hours) to complete this record – they DO NOT have to be in a row.
- Pick days in which will be convenient for you to measure EVERY void.
- Please bring this diary to your next visit.

Instructions:

1. Begin recording upon rising in the morning – continue for a full 24 hours.
2. Record separate times for void, leaks, and fluid intake.
3. Measure voids in "cc's" using the hat.
4. Measure fluid intake in ounces.
5. When recording a leak – please indicate the volume ("1,2, or 3"), your activity during the leak, and if you had an urge ("yes or "no)

Date:

Time	Amount voided (in ccs)	LEAK volume 1 = drops/ damp 2 = wet-soaked 3 = bladder emptied	Activity during leak	Was there an urge	Fluid intake (Amount in ounces/type)
*7:00a	250 cc	2	Running	Yes	
*7:30a					8 oz./Herbal tea

Date:

Time	Amount voided (in ccs)	LEAK volume 1 = drops/ damp 2 = wet-soaked 3 = bladder emptied	Activity during leak	Was there an urge	Fluid intake (Amount in ounces/type)

*Example entries