

E. JACOB SIMHAE, M.D.

PATIENT NAME: _____

DATE: _____

DEAR PATIENT:

As part of the work-up for your urinary problem, it is important to keep a one-day voiding diary. You may choose **3 days** of the week and record your urination and/ or leakage in the boxes below.

**** Maintain the diary for 3 consecutive days and please bring with you at the time of your appointment. ****

VOIDING DIARY

1. Urination

- a. Record every time you urinate.
- b. Measure the amount.

2. Accidents/ Leaking

- a. Record when an accident occurs.
- b. Indicate when pad is changed.

3. Fluid Intake

- a. Record the amount of all fluid intake.
- b. Record the type of fluid you drink (such as coffee, soda, water.)

| <u>Day Time</u> | <u>Urination (Volume)</u> | <u>Accident (yes/no)</u> | <u>Change Pad (yes/no)</u> | <u>Fluid Intake Amount & Type</u> |
|-----------------|---------------------------|--------------------------|----------------------------|---------------------------------------|
| 6 am | | | | |
| 7 am | | | | |
| 8 am | | | | |
| 9 am | | | | |
| 10 am | | | | |
| 11 am | | | | |
| 12 pm | | | | |
| 1 pm | | | | |
| 2 pm | | | | |
| 3 pm | | | | |
| 4 pm | | | | |
| 5 pm | | | | |
| 6 pm | | | | |
| 7 pm | | | | |
| 8 pm | | | | |
| 9 pm | | | | |
| 10 pm | | | | |
| 11 pm | | | | |
| 12 am | | | | |
| 1 am | | | | |
| 2 am | | | | |
| 3 am | | | | |
| 4 am | | | | |
| 5 am | | | | |