

VOIDING DIARY/UROLOGY

This chart is a record of your voiding (urinating) and leakage (incontinence) of urine. Please complete this according to the following instructions prior to your visit to our office. Choose a 3 day period (if possible) to keep this record when you can conveniently measure your voids. If you are unable to keep the diary for a 24 hour period, try to keep it for as many hours as possible, say from early evening when you get home from work until you get up the next morning. Include all voids, even if they occur in the middle of the night.

EXAMPLE

VOIDING DIARY

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME	URGE PRESENT	AMOUNT/TYPE OF INTAKE
6:45 AM	10oz	Awakening			
7:00AM		Turned on H2O	2	Yes	2 cups coffee 6 oz orange juice

Record the time of all voiding (you can use a kitchen measuring cup- 4 cup capacity), leakage, and intake of liquids. Measure all intake and output in ounces or mL (30mL – 1oz). Describe activity you were performing at the time of leakage. If you were not actively doing anything, record whether you were sitting, standing, or lying down. Estimate the amount of leakage according to the following:

- 0 = no leakage
- 1 = damp, 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 or mL (30mL = 1oz) (1 cup = 8oz = 240mL).

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Bladder diary

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Participant Identifier

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DAY #1: BLADDER DIARY

date ___/___/___ (mm/dd/yyyy)

- Please fill out for all urination episodes beginning with when you wake up, up until the next day when you wake up. **Use the back if necessary**
- Please also circle time when you went to bed, and when you woke up, for each day (for 3 days).
- Follow the example as a guide

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME (circle)	URGE PRESENT (circle)	AMOUNT/TYPE OF INTAKE
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	

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DAY #1: BLADDER DIARY cont.

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME (circle)	URGE PRESENT (circle)	AMOUNT/TYPE OF INTAKE
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	

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DAY #2: BLADDER DIARY

date / / (mm/dd/yyyy)

- Please fill out for all urination episodes beginning with when you wake up, up until the next day when you wake up. **Use the back if necessary**
- Please also circle time when you went to bed, and when you woke up, for each day (for 3 days).
- Follow the example as a guide

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME (circle)	URGE PRESENT (circle)	AMOUNT/TYPE OF INTAKE
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	

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DAY #2: BLADDER DIARY cont.

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME (circle)	URGE PRESENT (circle)	AMOUNT/TYPE OF INTAKE
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	

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DAY # 3: BLADDER DIARY

date ___/___/____ (mm/dd/yyyy)

- Please fill out for all urination episodes beginning with when you wake up, up until the next day when you wake up. **Use the back if necessary**
- Please also circle time when you went to bed, and when you woke up, for each day (for 3 days).
- Follow the example as a guide

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME (circle)	URGE PRESENT (circle)	AMOUNT/TYPE OF INTAKE
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	

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DAY #3: BLADDER DIARY cont.

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME (circle) 0 1 2 3	URGE PRESENT (circle) Yes / No	AMOUNT/TYPE OF INTAKE
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	

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