erlanger

The OAB Clinic

Erlanger East

Voiding and Intake Diary

1. Choose **3 days** (entire 24 hours) to complete this record - they **do not** have to be in a row. Pick days during which it will be convenient to measure **every** void.
2. Begin recording when you wake up in the morning and continue for a full **24 hours**.
3. Make a separate entry each time you **void, leak** or have anything to **drink**.
4. Measure voids (in ml) using the provided "hat" or urinal. Measure all fluids you drink in ounces. You can discard urine once the volume is recorded.
5. Record each time you notice a leak - please indicate how much using a scale from 1-3 (1=drops/damp, 2=wet/soaked, 3=bladder emptied/voided). Record if you felt an "urge" with the leak (yes or no).

Time of Day	Amount Voided (ml)	Fluid Intake (oz)	Leak Amount (1-3)	Activity with Leak	Urge with Leak (yes or no)	Comments
7:15 am	325 ml					
7:45 am		2 oz				
9:00 am			2		Yes	
10:30 am		3 oz	1	Sneezing	No	

Date: **Number of Pads for full 24 hours:**

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