HARBOUR WOMEN'S HEALTH

OBSTETRICS ● GYNECOLOGY ● UROGYNECOLOGY

VOIDING DIARY INSTRUCTIONS

You have been asked to complete a 3 day voiding diary so that we can better help you to identify what is causing your urinary incontinence. It is most helpful to **complete the diary in 3 consecutive days.**

Attached you will find three pages to be completed over the course of three separate but consecutive days. **Please note that each day of the diary should begin when you are "UP FOR THE DAY".** For example, on each day the first entry in the log should be when you get up to start your day and **NOT** when you get up in the middle of the night and then go back to bed. Any voiding during the night should go on the previous days log. Please see the example page.

Use the collection "hat" provided by our office to measure your urine output. The "hat" should be placed between the toilet bowl and the toilet bowl seat and can be emptied and reused for each separate voiding measurement. You may dispose of the "hat" after the third day.

When recording the "Voided measurements" please indicate the following:

- The time of day
- The amount of urine
- The amount of urgency you felt (mild, moderate, severe)

When recording the "Leakage amount" please indicate the following:

- The time of day
- Activity at the time of the leakage (sneezing, cough, lifting, exercise, rest, etc)
- The amount of leakage (Slight, moderate, heavy)

When recording your "Fluid intake" please indicate the following:

- Time of day
- What type of fluid (Juice, tea, coffee, water, soda, etc)
- The amount of fluid that you had (check labels or use best judgement)

If possible please drop off or mail your diary log back to us prior to your follow up appointment. Please feel free to give us a call if you have any questions. 603-431-6011.

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VOIDING DIARY LOG DAY 1

DATE: **NAME:** **DOB:**

TIME	FLUID TYPE/ FLUID AMOUNT	VOID AMOUNT	URGE FELT	LEAKAGE AMOUNT	ACTIVITY DURING LEAKAGE
Time of day	Cups, Ounces, CC's, etc/Water, Soda, Coffee, etc	Ounces or CC's	Mild, Moderate, Severe	Slight, Moderate, Heavy	Sneezing, Coughing, Exercise, Lifting...
EXAMPLE:					
6:00am	*(First void of day)*	*310cc*	*Moderate*		
6:30am	*1 Cup Coffee*				
7:15am		*100cc*	*Severe*	*Slight*	*Stood up*

VOIDING DIARY LOG DAY 2

DATE: **NAME:** **DOB:**

TIME	**FLUID TYPE/ FLUID AMOUNT**	**VOID AMOUNT**	**URGE FELT**	**LEAKAGE AMOUNT**	**ACTIVITY DURING LEAKAGE**
Time of day	Cups, Ounces, CC's, etc/Water, Soda, Coffee, etc	Ounces or CC's	Mild, Moderate, Severe	Slight, Moderate, Heavy	Sneezing, Coughing, Exercise, Lifting...
EXAMPLE:					
6:00am	*(First void of day)*	*310cc*	*Moderate*		
6:30am	*1 Cup Coffee*				
7:15am		*100cc*	*Severe*	*Slight*	*Stood up*

VOIDING DIARY LOG DAY 3

DATE:	NAME:	DOB:

TIME	FLUID TYPE/ FLUID AMOUNT	VOID AMOUNT	URGE FELT	LEAKAGE AMOUNT	ACTIVITY DURING LEAKAGE
Time of day	Cups, Ounces, CC's, etc/Water, Soda, Coffee, etc	Ounces or CC's	Mild, Moderate, Severe	Slight, Moderate, Heavy	Sneezing, Coughing, Exercise, Lifting...
EXAMPLE:					
6:00am	*(First void of day)*	*310cc*	*Moderate*		
6:30am	*1 Cup Coffee*				
7:15am		*100cc*	*Severe*	*Slight*	*Stood up*