

24 HOUR VOIDING DIARY

Please complete this chart prior to your visit. Choose a 24-hour period when it is convenient for you to measure and record the following:

1. The amount of fluid you drink and type of beverage.
2. The amount of fluid you void (urinate). Use an old measuring cup or mark off ounces on an old jar or can and use that to measure. 2 tablespoons = 1 ounce. There are also “hats” for the toilet available at the Center for Women’s Health.
3. The time when leakage occurred and whether or not you have an urge to void just prior to any leakage episodes.
4. The activity you are doing when you leak or feel the need to void.
5. Your awakening and bedtimes during that 24-hour period.

Below is a sample diary for your review.

Time	Fluid Intake Amount (oz)	Void Amount (oz)	Leaks or Accidents?	Strong urge to urinate?	Activity when you leaked or had an urge.
<i>6:20 am</i>		<i>8 oz</i>			<i>awakening</i>
<i>7:00 am</i>	<i>8 oz coffee</i>				
<i>7:20 am</i>		<i>6 oz</i>	<i>yes</i>	<i>yes</i>	<i>washing</i>
<i>7:30 am</i>	<i>8 oz coffee</i>				
<i>8:00 am</i>		<i>8 oz</i>			
<i>8:45 am</i>			<i>yes</i>	<i>no</i>	<i>coughing</i>

24 Hour Voiding Diary

Date: _____ Awakening time: _____ Bedtime: _____

Estimate how much fluid you consume in a day: _____

Time	Fluid Intake Amount (oz)	Void Amount (oz)	Leaks or Accidents?	Strong urge to urinate?	Activity when you leaked or had an urge.
TOTAL	oz	oz			