24 hour voiding diary **Name: _____**

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

- The amount of fluid you drink and type of beverage.
- The amount of fluid you void (urinate). Use an old measuring cup holding at least two cups of mark off ounces or an old jar or can and use that to measure. Two (2) tablespoons = 1 ounce.
- The time when leakage occurred and whether or not you have an urge to void just prior to any leakages episodes.
- The activity you are doing when you leak or feel the need to void.
- Your awakening and bedtime during the 24-hour period.

Example:

Time	**Fluid Intake Amount (oz)**	**Time**	**Void Amount (oz)**	**Leaks or Accidents**	**Strong Urge to Urinate**	**Activity when you had leakage or accidents**
		5:30 AM	8 oz			Awakening
8: 00 AM	8 oz orange juice					
		8:45 AM	2 oz	Yes	Yes	Coughing
9: 30 AM	8 oz coffee					
		9:45 AM	6 oz	Yes	Yes	Washing hands
11:30	4 oz water					
		11: 45	2 oz	Yes	Yes	Laughing

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Date: _____ Awakening Time: _____ Bedtime: _____

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Date: _____ Awakening Time: _____ Bedtime: _____

Time	**Fluid Intake Amount (oz)**	**Time**	**Void Amount (oz)**	**Leaks or Accidents**	**Strong Urge to Urinate**	**Activity when you had leakage or accidents**