New Albany Urology

24 Hour Voiding Diary Date: _____

The voiding diary is a record of your voiding (urination) and incontinence (leakage) of urine. Please complete the diary according to the following instructions before your return visit to the office. It is an important part of your clinical evaluation. If you have questions, please contact our information line at (662) 539-0233.

EXPLANATORY NOTES

Time: record the time of all voids, leakage of urine, and fluid intake
Measurements: measure amounts in ounces (oz.) or milliliters (ml.)
Activity: describe the activity you were doing when leakage occurred
Estimate: amount of leakage according to the following scale:
1=damp, few drops only
2=wet underwear or pad
3=soaked or emptied bladder
Urge: write yes if urge to urinate accompanied or preceded loss of urine

Time	**Amount Voided** (or estimate of loss or urine)	**Activity** (if leakage)	**Urge** (Y/N)	**Fluid Intake** (amount / type)	**Comments**

*Print the completed diary on your local printer and bring with you or attach it to an email and send to ste7130@newalbanyurology.com

Reset Form