

Voiding Diary

Name: _____

Instructions

The information you supply in this diary will benefit both you and Dr. Edwards in assessing your needs and tracking your progress during treatment. Please fill out this diary everyday for the next 7 days. Follow the instructions below.

1. In Column 1, make a ✓ each time you **urinate in the toilet**.
2. In Column 2, make a ✓ each time you have a **small accident** (less than 1 Tbs.)
3. In Column 3, make a ✓ each time you have a **large accident** (more than 1 Tbs.)
4. In Column 4, make a ✓ each time you change a **wet pad**.
5. In Column 5, write down **what you were doing** when each accident in Column 2 and 3 happened. For example, sneezing, coughing, walking or lifting.
6. In Column 6, make note of **your fluid intake**. Estimate the volume and record what you had to drink (water, milk, coffee, etc.)
7. Below the chart, please fill in the **total number of wet pads** you used in the 24-hour period and the **total number of Kegel exercises** you preformed.

Day 1 Example

Name ES

Date 2/28/96

Time	1 Urinate in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing	6 Fluid Intake
6-8 a.m.	✓		✓	✓	Getting out of bed	8 oz. coffee
8-10 a.m.						
10-12 a.m.	✓	✓			Walking to the toilet	
12-2 p.m.		✓✓				20 oz. water
2-4 p.m.	✓		✓	✓		
4-6 p.m.						
6-8 p.m.	✓					
8-10 p.m.						
10-12 a.m.	✓			✓		
Overnight	✓			✓		

Number of Pads used in 24-hours _____

Number of Kegels in 24- hours _____

Day 1

Name _____

Date _____

Time	1 Urinate in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing	6 Fluid Intake
6-8 a.m.						
8-10 a.m.						
10-12 a.m.						
12-2 p.m.						
2-4 p.m.						
4-6 p.m.						
6-8 p.m.						
8-10 p.m.						
10-12 a.m.						
Overnight						

Number of Pads used in 24-hours _____

Number of Kegels in 24- hours _____

Day 2

Name _____

Date _____

Time	1 Urinate in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing	6 Fluid Intake
6-8 a.m.						
8-10 a.m.						
10-12 a.m.						
12-2 p.m.						
2-4 p.m.						
4-6 p.m.						
6-8 p.m.						
8-10 p.m.						
10-12 a.m.						
Overnight						

Number of Pads used in 24-hours _____

Number of Kegels in 24- hours _____

Day 3

Name _____

Date _____

Time	1 Urinate in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing	6 Fluid Intake
6-8 a.m.						
8-10 a.m.						
10-12 a.m.						
12-2 p.m.						
2-4 p.m.						
4-6 p.m.						
6-8 p.m.						
8-10 p.m.						
10-12 a.m.						
Overnight						

Number of Pads used in 24-hours _____

Number of Kegels in 24- hours _____

Day 4

Name _____

Date _____

Time	1 Urinate in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing	6 Fluid Intake
6-8 a.m.						
8-10 a.m.						
10-12 a.m.						
12-2 p.m.						
2-4 p.m.						
4-6 p.m.						
6-8 p.m.						
8-10 p.m.						
10-12 a.m.						
Overnight						

Number of Pads used in 24-hours _____

Number of Kegels in 24- hours _____

Day 5

Name _____

Date _____

Time	1 Urinate in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing	6 Fluid Intake
6-8 a.m.						
8-10 a.m.						
10-12 a.m.						
12-2 p.m.						
2-4 p.m.						
4-6 p.m.						
6-8 p.m.						
8-10 p.m.						
10-12 a.m.						
Overnight						

Number of Pads used in 24-hours _____

Number of Kegels in 24- hours _____

Day 6

Name _____

Date _____

Time	1 Urinate in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing	6 Fluid Intake
6-8 a.m.						
8-10 a.m.						
10-12 a.m.						
12-2 p.m.						
2-4 p.m.						
4-6 p.m.						
6-8 p.m.						
8-10 p.m.						
10-12 a.m.						
Overnight						

Number of Pads used in 24-hours _____

Number of Kegels in 24- hours _____

Day 7

Name _____

Date _____

Time	1 Urinate in Toilet	2 Small Accident	3 Large Accident	4 Changed Wet Pad	5 What You Were Doing	6 Fluid Intake
6-8 a.m.						
8-10 a.m.						
10-12 a.m.						
12-2 p.m.						
2-4 p.m.						
4-6 p.m.						
6-8 p.m.						
8-10 p.m.						
10-12 a.m.						
Overnight						

Number of Pads used in 24-hours _____

Number of Kegels in 24- hours _____