**Daily Voiding Log**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Instructions: Please keep record of three days in a row. Exact foods, times, amount of leakage/void, and activity are helpful with determining appropriate plan of care, treatment options, and goals. Please fill in as much as possible and bring to your first appointment. Amount voided and possible leakage can be measured in ounces, S/M/L, or seconds. Urge (1:just in case – 3:strong) Thank You!*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time of Day | type & amount of food / fluid intake | amount voided  | amount of leakage, if any | was urge present? 1/2/3 | activity with leakage |
| Midnight |  |  |  |  |  |
| 1:00 am |  |  |  |  |  |
| 2:00 am |  |  |  |  |  |
| 3:00 am |  |  |  |  |  |
| 4:00 am |  |  |  |  |  |
| 5:00 am |  |  |  |  |  |
| 6:00 am |  |  |  |  |  |
| 7:00 am |  |  |  |  |  |
| 8:00 am |  |  |  |  |  |
| 9:00 am |  |  |  |  |  |
| 10:00am |  |  |  |  |  |
| 11:00am |  |  |  |  |  |
| NOON |  |  |  |  |  |
| 1:00 pm |  |  |  |  |  |
| 2:00 pm |  |  |  |  |  |
| 3:00 pm |  |  |  |  |  |
| 4:00 pm |  |  |  |  |  |
| 5:00 pm |  |  |  |  |  |
| 6:00 pm |  |  |  |  |  |
| 7:00 pm |  |  |  |  |  |
| 8:00 pm |  |  |  |  |  |
| 9:00 pm |  |  |  |  |  |
| 10:00pm |  |  |  |  |  |
| 11:00pm |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of pads used today (what kind and how many): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_