



PLEASE COMPLETE THIS VOIDING DIARY PRIOR TO YOUR APPOINTMENT

Lloyd District
 700 NE Multnomah Street,
 Suite 1650
 Portland, OR 97232
 Ph: (503) 734-1850
 Fax: (503) 734-1855

Peterkort
 9701 SW Barnes Road,
 Suite 150
 Portland, OR 97225
 Ph: (503) 734-3535
 Fax: (503) 734-3530

Tualatin
 19250 SW 65th Avenue,
 Suite 325
 Tualatin, OR 97062
 Ph: (503) 855-1600
 Fax: (503) 8551609

YOU WILL NEED TO CHOOSE A 24-HOUR PERIOD WHERE YOU CAN MEASURE YOUR INTAKE AND VOIDING AMOUNTS.

- 1) ***Begin recording with your first void (urination) after rising***
- 2) Record the amount of fluid you void. Use an old measuring cup or jar with ounces marked.
- 3) Record the amount and type of fluid you drink.
- 4) Record the time when leakage occurs and whether or not you have an urge to void just prior to any leakages
- 5) Record the activity you are doing when you leak or feel the need to void
- 6) Record your awakening and bedtimes during that 24-hour period

Below is a sample diary for your review:

Time	Fluid Intake Amount (oz) / Type	Void Amount (oz)	Leaks / Accidents	Strong Urge to Urinate?	Activity when leakage or urge occurred
6:20am		8 oz	Yes		Walking to Toilet
7:00am	8 oz Coffee				
7:30am			Yes	No	Exercising
8:15am		6 oz	Yes	Yes	Washing Dishes
8:30am	6oz Juice				

