

NORTHERN VIRGINIA PELVIC SURGERY ASSOCIATES

3289 Woodburn Road, Suite 320, Annandale, VA 22003

NICOLETTE S. HORBACH, MD
JEFFREY A. WELGOSS, MD
WALTER VON PECHMANN, M.D.
(703)698-7100 EXT. 406
FAX (703) 207-9487

VOIDING DIARY / UROLOG

This chart is a record of your voiding (urinating) and leakage (incontinence) of urine. Please complete this according to the following instructions prior to your visit to our office. Choose a 24-hour period to keep this record when you can conveniently measure every voiding, and begin your record with the first voiding upon arising as in the sample below:

(1) Time	(2) Voided	(3) Activity	(4) Leak Volume	(5) Urge Present	(6) Amount/ Type Intake
6:45AM	550cc	Awakening		Yes	
7:00AM		Turned on water	2	Yes	2 cups coffee 6oz OJ

- (1) Record time of all voidings, leakage, and intake of liquids.
- (2) Measure all out put in cc's or oz's.
- (3) Describe activity you were performing at the time of leakage. If you were not actively doing anything, record sitting, standing, or lying down.
- (4) Estimate the amount of leakage according to the following scale:
 - 1 = damp, few drops only
 - 2 = wet underwear or pad
 - 3 = soaked or emptied bladder
- (5) If the urge to urinate accompanied or preceded the urine leakage or the voiding, write YES. If you felt no urge, write NO. (For charting purposes, "no" = voiding for convenience.)
- (6) Record the amount and type of all liquid intake using either cc's or oz's (1cup = 8oz = 240cc).