

Date: _____

Daily Chart

Time Interval	Amount Urinated in Toilet (ounces OR CCS)	Leakage of Urine (Incontinent Episode) at any time L/S	Reason for Urine Leakage (Urgency, Coughing, Bending)	Changed Wet Pad D/W/S	Amount and Type of Fluid Intake
6 am					
7 am					
8 am					
9 am					
10 am					
11 am					
Noon					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					
6 pm					
7 pm					
8 pm					
9 pm					
10—Midnight					
Midnight-2 am					
2—4 am					
4—6 am					

Type of Pad _____

Pads Used _____

Comments: _____

VOIDING FREQUENCY – VOLUME CHART

Name: _____

It is important for you to record your voiding pattern. It is also important that you record the amount of urine you void. This will allow us to better understand your condition and assist us with making recommendations.

Instructions:

Fill in the Day & Date

1. In the second column, next to the correct time interval, record the amount of urine voided.
2. In the third column, mark it every time you leak, had an incontinent episode or urine leakage and indicate whether it was a large or small amount.
3. In the fourth column, record the reason for the urine leakage such as: *urinary urgency, sneezing, lifting, coughing, laughing, bending, pain, couldn't make it to the bathroom* and so on.
4. In the fifth column, place a check in the correct time interval, each time a wet pad was changed. Mark how wet: "D" if the pad is slightly wet or damp, "W" if wet, and "S" if the pad is saturated or very wet.
5. In the sixth column, in the correct time interval, describe the type of fluid you drank (for example: coffee, water, orange juice, beer...) and estimate the amount (for example: one 8 oz cup).