



## Voiding Diary Ambulatory Clinics

The purpose of this voiding diary is to record your daily fluid intake and your pattern of urinating.

1. Note your observations for **three consecutive days**, and bring your diary with you to your next appointment with your doctor or the nurse.
2. Mark the time on the diary each time you drink something or go to the bathroom. (Refer to example below.)
3. Record what and how much you drink, and measure the amount you urinate at each visit to the bathroom.
4. If you leak urine, indicate what activity you were engaged in when it occurred (e.g., sneezing, coughing, laughing, getting out of a chair, climbing the stairs, lifting something, exercising, walking). Also, indicate if you had a strong urge to void.

### EXAMPLE OF BLADDER-IRRITATING FOOD AND BEVERAGES

1. Alcoholic beverages (such as beer and wine)
2. Carbonated beverages, soft drinks with caffeine
3. Tea and coffee (even decaffeinated)
4. Tomato-based products
5. Sugar, honey, corn syrup, chocolate, artificial sweeteners
6. Citrus juices and fruits
7. Milk and milk products
8. Highly spiced foods.

**Tip:** Good thirst quenchers that do not irritate to the bladder include grape, cranberry, cherry and apple juices. Try to choose unsweetened varieties to reduce your intake of sugar. **Water is your bladder's best friend.** A thin slice of lemon may improve the taste while not adding enough citrus juice to irritate your bladder. Try to drink 6 to 8 glasses of fluid per day, not including caffeinated beverages.

### EXAMPLE OF A DIARY

Time of Day	What did you drink? How much did you drink?	Did you urinate? How much did you void?	Did you feel a strong and sudden urge to urinate?	Did you have an accident? How much did you leak? S M L	What were you doing when the accident occurred? (e.g. coughing, getting out of bed, reaching for something)
8:00 a.m.		16 ounces (or 480 cc)	Yes	Yes (large quantity)	Getting out of bed
8:30 a.m.	1 cup tea 1 glass of orange juice	No			
9:00 a.m.				Yes (small quantity)	Laughing



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### DAY 1

Time of Day	What did you drink? How much did you drink?	Did you urinate? How much did you void?	Did you feel a strong and sudden urge to urinate?	Did you have an accident? How much did you leak? S M L (quantity)	What were you doing when the accident occurred? (e.g. coughing, getting out of bed, reaching for something)



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**DAY 2**

<b>Time of Day</b>	<b>What did you drink? How much did you drink?</b>	<b>Did you urinate? How much did you void?</b>	<b>Did you feel a strong and sudden urge to urinate?</b>	<b>Did you have an accident? How much did you leak? S M L (quantity)</b>	<b>What were you doing when the accident occurred? (e.g. coughing, getting out of bed, reaching for something)</b>

**DAY 3**

<b>Time of Day</b>	<b>What did you drink? How much did you drink?</b>	<b>Did you urinate? How much did you void?</b>	<b>Did you feel a strong and sudden urge to urinate?</b>	<b>Did you have an accident? How much did you leak? S M L (quantity)</b>	<b>What were you doing when the accident occurred? (e.g. coughing, getting out of bed, reaching for something)</b>