Section on Women's Health
American Physical Therapy Association
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Voiding Diary

Name: _____ Date: _____

Please keep track of your fluid and food intake and the amount of urine voided, amount of leakage, the activity when the leakage occurred, and if an urge was present. Do this for 4 days.

Date / time of day	Type and amount of fluid intake	Type and amount of food eaten	Amount voided (small, medium, large)	Amount of leakage (small, medium, large)	Activity engaged in when leakage occurred	Was an urge present? (Yes or No)	Change of pad?