WORLD CONTINENCE WEEK

Name: _____ Date: _____

Voiding Diary

Use one sheet for each day for 3 days before your appointment. Try to keep your normal schedule of activity and eating/drinking. Bring all of these sheets with you to your appointment.
(Amounts voided are approximate measurements only!)

Time of day	Type and amount of fluid intake. (Especially note caffeine, citric juices, nutrasweet)	Amount voided **small**, **medium** or **large** amounts (estimated ounces)	Amount of leakage **drop**, **cup full** or **whole bladder**	Activity engaged in when leakage occurred	Was urge present?	Pad changed D=Damp W=Wet

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