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HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Directions: This chart is a record of your voiding and leakage of urine. Choose one 24-hour periods to complete this record and measure every void. Please bring this diary to your next visit.

1. Begin recording with first morning void
2. Measure Amount Voided in cc's or ounces according to the special collection bowl that has been provided
3. If you are leaking, describe the Activity you were doing at the time of leakage (lifting, coughing etc.)
4. Estimate the Leak Volume as follows
   1=Dampness
   2=Wet underwear or pad
   3=Soaked or emptied bladder
5. Please note if you had an **Urge** to void (yes/no)

Time	Amount Voided (in cc's or ounces)	Leak Volume (see above)	Urge? (Yes/No)	Activity	Fluid Intake (type and amount)
			☐Yes ☐No		
			☐Yes ☐No		
			☐Yes ☐No		
			☐Yes ☐No		
			☐Yes ☐No		
			☐Yes ☐No		
			☐Yes ☐No		
			☐Yes ☐No		
			☐Yes ☐No		
			☐Yes ☐No		
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