advocare | Center for Specialized Gynecology

Name: _____

Date: _____
Month/Year

One Day
Urine Voiding Diary

Time	Amount Voided	Leakage* (1-3 Scale)	Urgency Present with or without leakage (yes/no)	Activity When urgency or leakage occurs	Fluid Amount	Time	Type

*Leakage: 1 = drops 2 = wet underwear or light pad 3 = soaked pad or clothing