Joseph (Jo) Schoeman
UROLOGIST

FRACS, FCS (Urol) SA, MBChB (Pret, SA)

Affix patient label

24 HOUR VOIDING DIARY

Please complete this chart prior to your visit.

Choose a ***24-72 hour*** period when it is convenient for you to measure and record the following:

1. The amount of fluid you drink and type of bever age.
2. The amount of fluid you void (urinate). Use an old measuring cup or mark off millilitres on an old jar or can and use that to measure.
3. The time when leakage occurred and whether or not you have an urge to void just prior to any leakage episodes.
4. The activity you are doing when you leak or feel the need to void.
5. Your awakening and bedtimes during that 24-hour period.

Time	**Fluid Intake Amount (ml)**	**Void Amount (ml)**	**Leaks or Accidents?**	**Strong urge to urinate?**	**Activity when you leaked or had an urge.**
6:20 am		200 cc			waking
7:00 am	200 cc coffee				
7:20 am		150 cc	Yes	Yes	Washing
7:30 am	200cc coffee				
8:00 am		300cc			
8:45 am			Yes	No	Cough

Time	Fluid Intake (ml)	Void amount (ml)	Leaks/Accidents	Strong Urge	Activity

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Time	Fluid Intake (ml)	Void amount (ml)	Leaks/Accidents	Strong Urge	Activity