OhioHealth Urology Physicians
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Voiding Diary Table

Date	**Time** (am/pm)	**Voided Urine Volume** (cc or ounces)	**Catheterized Urine Volume** (cc or ounces)	**Amount Leaked** 1=drops/damp 2=wet/soaked 3=emptied bladder	**Pad Change?** Yes/No	**Activity during leak**	**Urgency** 1=mild 2=moderate 3=severe	**Sensation and/or pain** 1=mild 2=moderate 3=severe	**Fluid intake and type**
Ex. 1/1/2015	7:00 AM	200 cc	x	2	No	Running	1	1	12 oz coffee