



The goal of this diary is to help determine the best course of action to improve your urinary symptoms. Please be diligent with thoroughly completing and bring this diary to all appointments.

In the first four columns use hash marks to keep record – example: |||| | In the last column, record the **total intake** - amount of fluids (water, juice, coffee, alcohol) you drank. An eight oz glass equals approximately 240mLs. It is helpful to pick a cup, measure its volume in mLs, and use that volume as a standard reference for recording intake. In addition, be mindful of connects between certain fluids and your urinary symptoms – make a note of the type of fluid.

Start date: _____

Day of the week:	Number of day time voids	Number of night time voids	How many voids were URGENT?	Number of leaks prior to void	Daily total volume of fluid intake in mL/cc
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

This week my symptoms were (circle): Much Better Better Same Worse Much Worse

Start date: _____

Day of the week:	Number of day time voids	Number of night time voids	How many voids were URGENT?	Number of leaks prior to void	Daily total volume of fluid intake in mL/cc
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

This week my symptoms were (circle): Much Better Better Same Worse Much Worse

Start date: _____

Day of the week:	Number of day time voids	Number of night time voids	How many voids were URGENT?	Number of leaks prior to void	Daily total volume of fluid intake in mL/cc
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

This week my symptoms were (circle): Much Better Better Same Worse Much Worse

Start date: _____

Day of the week:	Number of day time voids	Number of night time voids	How many voids were URGENT?	Number of leaks prior to void	Daily total volume of fluid intake in mL/cc
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

This week my symptoms were (circle): Much Better Better Same Worse Much Worse