



KAISER PERMANENTE®

URO-GYNECOLOGY PATIENT INFORMATION SHEET

URINARY DIARY

TIME	URINATE IN TOILET	LEAKING ACCIDENT	REASON FOR ACCIDENT	FLUID INTAKE TYPE	AMOUNT
6 A.M.					
7 A.M.					
8 A.M.					
9 A.M.					
10 A.M.					
11 A.M.					
12 NOON					
1 P.M.					
2 P.M.					
3 P.M.					
4 P.M.					
5 P.M.					
6 P.M.					
7 P.M.					
8 P.M.					
9 P.M.					
10 P.M.					
11 P.M.					
12 MIDNIGHT					
1 A.M.					
2 A.M.					
3 A.M.					
4 A.M.					
5 A.M.					

Number of pads used in 24 hour period? _____

Notes: _____

INSTRUCTIONS

1. In the 1st column, mark an (x) every time you urinate into the toilet.
2. In the 2nd column, mark an (x) every time you accidentally leaked urine.
3. If an accident occurred, indicate the reason or circumstances surrounding the accident, for example: "coughed, bent over, sudden urge".
4. Under "Fluid Intake", describe the type (coffee, tea, juice, etc.) and amount (1/2 cup, 1 quart, etc.)
5. Circle the time when you went to bed and when you got up in the morning.
6. Record number and type of pads used.
7. Under Notes, write any additional information you would like to include. For example, type and dose of medication you may be on for your urinary incontinence.

Name: _____

Day/Date: _____