URINARY DIARY

NAME:_____ **DOB:**_____

1. Please keep track of your urine output for **TWO FULL 24-HOUR PERIODS.** They do not have to be consecutive days.
2. Please include **A.M.** or **P.M.**
3. Write down **wake-up time** and **bedtime**.
4. Document the **time of urination**.
5. Measure the amount you urinate in **ounces or ml's**.
6. Any plastic measuring container can be used and discarded.
7. Please indicate any time you accidentally leak urine and cause for the accident. (example: coughing, laughing, urgency)
8. **If you do not have access to a measuring container, notify us and we will give you a Urinary Hat.**

Example:	***TIME***	***AMOUNT***
	8:00 A.M. Wake-up	8 Ounces
	10 A.M.	Less than 1 ounce
	9:30 P.M. Bedtime	Leaked Urine (Coughing)

DAY 1 DATE: _____ **DAY 2 DATE:** _____

TIME	AMOUNT	TIME	AMOUNT

DAY 1 DATE: ______________________________ **DAY 2 DATE:** ______________________________
