Voiding Diary

Name: _____

Date and Time	Liquid Intake Type and Amount	Voluntary Void Y/N	Urgency-related Void (void secondary to compelling need to void for fear of leakage) Y/N	Leakage Associated With Need to Void Y/N	Volume of Urine Leakage Small, Moderate, Large
4/16, 6 am	Coffee, 2 cups	Y	N	N	Large

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