VOIDING DIARY

Name:_____ DOB:_____

PLEASE BRING THIS WITH YOU TO YOUR APPOINTMENTS Track your symptoms in the diary below according to your doctor's recommendations (usually 3 days). If you had no episodes that day, record that as well. Please record your urgency rating even if you did not experience leakage. Please talk to your doctor or OAB support specialist if you have any questions about completing this symptom tracker. If you forget to bring this tracker to your appointment, you will be asked to bring, fax (470-427-2013), or email (OAB@urologygeorgia.com) as soon as possible. NOTE: EMAILS AND FAXES YOU SEND TO US MAY NOT BE SECURE AND YOUR DATA MAY BE AT RISK UNTIL IT REACHES OUR FAX OR EMAIL SYSTEM. WE CAN ONLY ASSURE AND BE RESPONSIBLE FOR THE SECURITY OF YOUR INFORMATION AFTER WE HAVE RECEIVED IT. PLEASE CALL TO CONFIRM OUR RECEIPT OF YOUR INFORMATION.

Date	Time	Accidental Leak? (Yes or No)	Volume voided? (Small, Medium, Large)	If pad is used (Mild, Moderate, Soaked)	Urgency? Rate 1-5 (5 is high)
Sample 01/01/20	*8:00am*		Small Medium Large	Mild Moderate Soaked	
			Small Medium Large	Mild Moderate Soaked	
			Small Medium Large	Mild Moderate Soaked	
			Small Medium Large	Mild Moderate Soaked	
			Small Medium Large	Mild Moderate Soaked	
			Small Medium Large	Mild Moderate Soaked	
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			Small Medium Large	Mild Moderate Soaked	
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