

		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		
		Yes No	S M L	Yes No		Yes No		

Pad Use: Panty Liner Pad Brief Other _____ Dampness: Damp Wet Soaking Number per Day _____

Adopted from form from Pharmacia Corporation

In the second column following the time slots, record what fluids you drink and how much. The next columns address your urinary patterns. Next record any episodes of pelvic pain for discomfort. Record every time you urinate and estimate how much using small, moderate or large as choices. Cite if you dribbled on the way to the toilet and the presence of any urgency. The last column in this white section, addresses what activity was interrupted with the need to urinate. The 3 final columns address any leaking. Indicate whether it is stool or urine but circling the answer if urine, and draw a square around if stool. Estimate how much urine you leaked and what you were doing at the time. This diary should be recorded on three consecutive days and before the initiation of any treatment. This is often very helpful. You may be asked to repeat this later in your program.