



Advanced Urogynecology of Michigan P.C.

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3 DAY VOIDING DIARY

PATIENT NAME: _____

DOB: _____

DATE: _____

	6 am	7 am	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	# of voids from midnight to 6am	# of leaks from midnight to 6am	# of pads used each day
Sample	E		S E		E E	S		E S		S		E	S		E		E			2	NONE	3
Day 1																						
Day 2																						
Day 3																						

MARK EACH VOID OR LEAK WITH:

- E – When you empty your bladder
- S – When you leak with cough, sneeze, exercise, etc.
- U – When you leak with a strong urge

TYPE OF PAD USED:

- _____ Mini
- _____ Regular
- _____ Maxi