

COOK[®] Voiding Diary

Patient ID _____

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Day 7 _____

Instructions: Record the time of each voiding episode for seven consecutive days, and bring the completed voiding diary with you to your office visit.

Date	Time Each Voiding Episode	Intentional Volume Voided Sm/Med/Lrg	Accidental			Leakage Amount of Leakage (1,2, or 3; see below)	Pad Change Y/N	Urgency Please rate the urgency (1,2, or 3; see below)
			Caused by strong, sudden urge or by activity (sneezing, laughing, standing, exercise, etc.)	Urge	Activity			

Estimated Amount of Leakage
 1 = Mild (a few drops)
 2 = Moderate (wet underwear or pad, a few tablespoons)
 3 = Severe (soaked through clothing / pad or emptied bladder)

Urgency
 1 = Mild
 2 = Moderate
 3 = Severe