VOIDING DIARY

Cigna **Healthier Together**®

Please complete diary for several days before your doctor's appointment. Fill out a row in the chart each time you drink, void or experience an accidental leak. This will help your doctor determine how to treat or manage your incontinence.

		DRINKS		INTENTIONAL VOIDS	ACCIDENTAL LEAKS	
What date?	What time? (AM/PM)	What did you drink?	Approximate amount?	Approximate amount voided?	What were you doing at time of leak?	Did you feel the urge to go?

Void: The intentional and controlled release of urine when using a toilet.
Leak: The unintentional release of urine away from a toilet.

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