Center for Sexual & Urinary Function

24 HOUR VOIDING DIARY for InterStim

Name	Day of Birth	**Age**

Date	Time	Voided volume	Volume catheter	Pain	Leaking episodes	Urgency degree	Diaper replaced	Complete emptying	Fluid intake
		1oz = 30ml		0-10	(0,1,2,3)	(0,1,2,3)	yes/no	yes/no	1oz = 30ml
Night									
Day									
					Σ	Σ	#	#	
	ANV	NU Volume			*Σ/NLE*	*Σ/NUE*	*NUV/FBC-1=PNV*		*ANV-PNV*
					Σ	Σ	#	#	
	ADV	DU Volume			*Σ/DLE*	*Σ/DUE*			
Total 24h					*#LE*	*#UE*	*#Diapers*	*#IEE*	
	ATV	TU Volume			*Σ/TLE*	*FBC*		*NUV/TUV*	

Please record time of each episode (urine output, leakage, degree of urgency before voiding, completeness of emptying, diaper or pad change and fluid intake) into shaded areas only.	0 = none (leakage or urgency) 1 = slight (leakage = few drops) 2 = moderate (leakage = 1-2 tablespoons) 3 = severe (leakage = soaks pad, clothing)

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