

Urolog Instructions

This chart is a record of your fluid intake (drinking), urinary output, and leakage (incontinence) of urine. Please complete this according to the following instructions prior to your scheduled appointment. Choose at least a 24-hour period to keep this record when you can conveniently measure every void. Start the urology with your first AM void as in the sample below:

Time	Amount Voided oz. Or cc.	Intake Amount oz. Or cc. and Type	Activity Related to Symptoms	Leakage with Stress Code	Leakage with Urgency Code	Urgency Without Leakage Code
6:45 AM	500cc		Awake			
7:30 AM		12 oz coffee				
8:00 AM			Sneeze	2		
9:00 AM			Running water		3	

- 1) Record time of all voids, leakage, and intake of liquids.
- 2) Measure all urinary output in cc's or oz's.
- 3) Measure all intake in cc's or oz's.
- 4) Describe the activity you were performing at the time of the leakage. If you were not doing anything, record whether you were sitting, standing, or lying down.
- 5) Estimate the amount of leakage occurring with stress (*i.e.* cough, laugh, sneeze, lifting, exercise) according to the following scale:
CODE:
1 = damp, only a few drops
2 = wet underwear or pad
3 = soaked through clothing, or emptied bladder
- 6) Estimate the amount of leakage occurring with a strong urge to void (no stress) using the same scale above.
- 7) Note any significant urgency that occurred without leakage
- 8) After you have completed the 24-hour diary, make sure to bring it with you to your appointment.

1 cup = 8 oz = 240 cc

1 oz = 30 cc

Urolog

(record all intake and output for at least a 24 – 48 hour period)

Time	Amount Voided oz. Or cc.	Intake Amount oz. Or cc. and Type	Activity Related to Symptoms	Leakage with Stress Code	Leakage with Urgency Code	Urgency Without Leakage Code

Name: _____

Please bring this with you to your next appointment. Thank you.

Quality of Life & Symptoms of Distress Inventory

Name _____ Date _____

Please answer each question by checking the best response between **0** ("NOT AT ALL") and **3** (GREATLY")

Incontinence Impact Questionnaire

Has urinary leakage and/or prolapse affected you:	0= NOT AT ALL	1= SLIGHTLY	2= MODERATELY	3= GREATLY	
1. Ability to do household chores (cooking, housecleaning, laundry)?					PA
2. Physical recreation such as walking, swimming, or other exercise?					PA
3. Entertainment activities (movies, concerts, etc.)?					T
4. Ability to travel by car or bus more than 30 minutes from home?					T
5. Participation in social activities outside your home?					SR
6. Emotional health (nervousness, depression, etc.)?					EH
7. Feeling frustrated?					EH

Urogenital Distress Inventory

Do you experience, and if so, how much are you bothered by:	0= NOT AT ALL	1= SLIGHTLY	2= MODERATELY	3= GREATLY	
1. Frequent urination?					I
2. Urine leakage related to the feeling of urgency?					I
3. Urine leakage related to physical activity, coughing, or sneezing?					S
4. Small amounts of urine leakage (drops)?					S
5. Difficulty emptying your bladder?					OD
6. Pain or discomfort in the lower abdominal or genital area?					OD
7. A feeling of bulging or protrusion in the vaginal area?					OD
8. Bulging or protrusion you can see in the vaginal area?					OD

PA = Physical Activity
 T = Travel
 SR = Social/Relationships
 EH = Emotional Health
 OD = Obstructive/Discomfort Symptoms
 I = Irritative Symptoms
 S = Stress Symptoms