NEOCONTROL® Pelvic Floor Therapy System

# Voiding Diary

Directions: Please print this form and complete the information listed below for three (3) consecutive days.

| Date | Time AM/PM | Volume Voided (oz) | Amount of Leakage (1, 2, 3 below) | Pad Change (Y,N) | Urge Present when Leaked (Y,N) | Degree of Urgency (see 1-10 below) | Fecal Spotting (Y,N) |
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Urgency Scale
(No Urgency) 0 1 2 3 4 5 6 7 8 9 10 (Maximum Urgency)

Estimated Amount of Leakage:

1 = Damp
2 = Wet Underwear or Pad
3 = Soaked Clothing or Emptied Bladder

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