

Voiding Diary

Patient Name: _____

Date: _____

Time I Woke Up: _____

Time I Went to Bed: _____

Date of birth: _____

Date: _____

Time I Woke Up: _____

Time I Went to Bed: _____

****WRITTEN INSTRUCTION
ON BACK OF PAGE****

Time of day	Please circle	Intake (in oz or ml)	Output (in oz or ml)	Leakage episode? 1 - a few drops/dribble 2 - pad/underwear wet 3 - had to change pad/clothes
	am/pm			
	am/pm			
	am/pm			
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	am/pm			
	am/pm			

TOTAL VOLUME:

Time of day	Please circle	Intake (in oz or ml)	Output (in oz or ml)	Leakage episode? 1 - a few drops/dribble 2 - pad/underwear wet 3 - had to change pad/clothes
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	am/pm			

TOTAL VOLUME:

Updated 08/2017

Instructions for completing voiding diary

Your provider has requested a voiding diary to help us understand your bladder habits. Please fill out the diary for 2 full days, though they do not need to be consecutive days.

How to record in the diary:

Time of day: Use one column for each 24-hour period. Please note your bedtime (example, 11pm) and wake up time (example 6am) at the top of the sheet. Start recording urinary events starting at 7am and ending the following day at 7am. Write down the time of day in the first column.

Intake: Please log in the “intake” column the amount of fluid drank and in the “type” column what type of beverage it was.

Output: In the column marked “Output”, make sure the urinary hat is placed in the toilet each time you urinate. Record the amount of urine you voided (in ounces) each time you urinate in the toilet over a 24-hour period.

Amount of Urine Drained via Catheter: If you use a catheter, record the amount of urine (in ounces) that you drained using a catheter. Remark if this was a residual urine volume (example, 2 oz residual [R], or 4 oz catheter [C] void).

Leakage episode: In the column marked “leakage episode”, mark down each time you had involuntary urine loss (even a small amount) before you made it to the toilet.