



## **Voiding Diary**

This voiding diary gives your physician an idea of your normal urination habits. It will allow him/her to learn more about you and to tailor your therapy appropriately. The Voiding Diary is a **VERY IMPORTANT** part of your evaluation.

Each voiding chart represents 3 full days or one 24-hour period divided into 1-hour increments. You will be provided a urine measuring device to measure your urine output; please keep it with you during the entire day that you are completing the diary.

The volume urinated and the amount of fluid intake should be recorded on the voiding diary in ounces (oz) or cubic centimeters (cc). You may also see some fluids measured in milliliters (ml). Milliliters (ml) and cubic centimeters (cc) are equal measurements and are interchangeable terms. You should also record whether you had any associated urinary urgency, pain, or incontinence (urine leakage) on the voiding diary in the appropriate columns

It is **VERY IMPORTANT** that you complete this diary for one entire, uninterrupted day (24 consecutive hours). Choose a day when you know that you will be able to measure and write down every single urination episode throughout the entire day **AND** night. This should be a “normal, average day” in terms of activity and fluid intake. Keep this diary with you the entire day and fill it out as completely as possible as you go along throughout your day.

**THE IDEA IS TO RECORD HOW OFTEN AND HOW MUCH YOU URINATE ON AN AVERAGE DAY IN YOUR OWN SURROUNDINGS. THERE IS NO “RIGHT” OR “WRONG” TIME OR AMOUNT TO URINATE, SO DO NOT BE ALARMED IF THE CHART SHOWS THAT YOU URINATE MORE OR LESS THAN YOU THOUGHT.**

<b>TIME</b>	<b>AMOUNT OF URINE VOIDED (oz or ml)</b>	<b>AMOUNT OF FLUID INTAKE &amp; TYPE OF DRINK (oz or ml)</b>	<b>URGENCY OR PAIN BEFORE VOIDING (Yes or No)?</b>	<b>LEAKAGE OF URINE (incontinence) AT ANY TIME PRIOR TO VOIDING (Yes or No)?</b>
<b>7:00AM</b>				
<b>8:00AM</b>				
<b>9:00AM</b>				
<b>10:00AM</b>				
<b>11:00AM</b>				
<b>Noon</b>				
<b>1:00PM</b>				
<b>2:00PM</b>				
<b>3:00PM</b>				
<b>4:00PM</b>				
<b>5:00PM</b>				
<b>6:00PM</b>				
<b>7:00PM</b>				
<b>8:00PM</b>				
<b>9:00PM</b>				
<b>10:00PM</b>				
<b>11:00PM</b>				
<b>Midnight</b>				
<b>1:00AM</b>				
<b>2:00AM</b>				
<b>3:00AM</b>				
<b>4:00AM</b>				
<b>5:00AM</b>				
<b>6:00AM</b>				
<b>24 Hour Total</b>				

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate the time that you went to bed: \_\_\_\_\_

Please indicate the time that you woke up: \_\_\_\_\_

<b>TIME</b>	<b>AMOUNT OF URINE VOIDED (oz or ml)</b>	<b>AMOUNT OF FLUID INTAKE &amp; TYPE OF DRINK (oz or ml)</b>	<b>URGENCY OR PAIN BEFORE VOIDING (Yes or No)?</b>	<b>LEAKAGE OF URINE (incontinence) AT ANY TIME PRIOR TO VOIDING (Yes or No)?</b>
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<b>9:00AM</b>				
<b>10:00AM</b>				
<b>11:00AM</b>				
<b>Noon</b>				
<b>1:00PM</b>				
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<b>3:00PM</b>				
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<b>6:00PM</b>				
<b>7:00PM</b>				
<b>8:00PM</b>				
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<b>3:00AM</b>				
<b>4:00AM</b>				
<b>5:00AM</b>				
<b>6:00AM</b>				
<b>24 Hour Total</b>				

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate the time that you went to bed: \_\_\_\_\_

Please indicate the time that you woke up: \_\_\_\_\_

<b>TIME</b>	<b>AMOUNT OF URINE VOIDED (oz or ml)</b>	<b>AMOUNT OF FLUID INTAKE &amp; TYPE OF DRINK (oz or ml)</b>	<b>URGENCY OR PAIN BEFORE VOIDING (Yes or No)?</b>	<b>LEAKAGE OF URINE (incontinence) AT ANY TIME PRIOR TO VOIDING (Yes or No)?</b>
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<b>4:00AM</b>				
<b>5:00AM</b>				
<b>6:00AM</b>				
<b>24 Hour Total</b>				

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate the time that you went to bed: \_\_\_\_\_

Please indicate the time that you woke up: \_\_\_\_\_