

VOIDING DIARY







PATIENT:
ADDRESS:

PHYSICIAN NAME: _____

REFERRING PHYSICIAN: _____

TEL.:(W):
TEL.:(H):

DAY 1 DATE: _____	DAY 2 DATE: _____	DAY 3 DATE: _____
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	TIME	VOL mL/S/A/L	LEAK S/A/L	PROTECTION		TIME	VOL mL/S/A/L	LEAK S/A/L	PROTECTION		TIME	VOL mL/S/A/L	LEAK S/A/L	PROTECTION			
day 					day 					day 							
night 					night 					night 							
TOTAL																	

T = total S = small A = average L = large  SEE REVERSE FOR INSTRUCTIONS

INSTRUCTIONS

VOIDING DIARY

This voiding diary is one of the most important tools to help you and your doctor better define your condition and therefore choose the best possible treatment. Please complete this voiding diary as accurately as possible for 3 consecutive days (day and night). Return the completed sheet at your next appointment.

HOW TO COMPLETE THE DIARY

1 Record the time you went to the bathroom and amount of urine voided in mL (or oz). (Any graduated container can be used to measure the amount of urine output).

2 In some situations, for example when shopping or at a movie, it may not be possible to measure the amount of urine output. In these circumstances, record the time you emptied your bladder and specify whether the volume was small (S), average (A), or large (L).

3 If you lose control of your bladder involuntarily (incontinence), record the time that the incident occurred and mark in the appropriate column whether the volume leaked was small (S), average (A), or large (L).

4 If you experience leakage and need to change your protective product or your underwear, mark an X in the protection column and record each time you have to change protective product or underwear.

EXAMPLE

DAY 1				
DATE: _____				
	TIME	VOL mL/S/A/L	LEAK S/A/L	PROTECTION
day	6:45 am	200		
	8:30 am	300		X
	10:00 am		S	
	10:30 am		S	
	11:00 am	175		X
	12:00 pm	S		
	12:30 pm		A	
	1:10 pm			X
	2:00 pm	250		
	2:30 pm		S	
	3:20 pm	200		
	4:50 pm		S	
	5:50 pm	200		X
	9:00 pm	150		
night	1:00 am		L	X
	4:15 am	125		