

## **Instructions For Completing the Voiding Diary**

Voiding diaries provide invaluable information and help us to more accurately characterize your voiding symptoms. Please don't forget to bring this important record with you on the day of your appointment

1. Please complete the voiding diary for three full days. Please use three sheets, one for each day.
2. On the day that you start recording events in the voiding diary, put the date in the upper right hand corner of the diary
3. Use one sheet for each 24 hour period, starting at 7 am and ending the following day at 7 am.
4. In the column marked "Please record the volume of urine you void into the toilet throughout the day" record the amount that you have measured from the urinary hat each time you urinate in the toilet. (ex; 8 oz)
5. In the column marked "Amount of urine using a catheter" please record the amount of urine in ounces or milliliters that you drained using a catheter. Please remark if this was a residual urine volume. If you do not use a catheter, leave this column blank. (ex; 2 oz residual, or 4 oz catheter void)
6. In the column marked "Did you leak?" please place an "X" marking each time you lost urine before making it to the toilet.
7. In the column marked "Did you have to replace your pad or change your clothes?" mark each time you changed your pad or clothes. If the pad and/or clothes were dry then write "D." if the pad and/or clothes were wet, write "W."
8. In the column marked "What type of fluid did you drink?" write the total amount of fluids you drank in ounces and of what type of fluid it was (ex; 3 oz. Coffee).

# Bladder Control Daily Diary

Please use this diary to record urinary output, fluids consumed and urinary leakage events for three days. In addition, if you catheterize to empty your bladder or to assist with emptying your bladder, please record those volumes in the specified column.

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

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

| Time of Day<br>(Circle when you go to bed and when you wake up) | What and how much did you drink? (Record type of beverage and amount in ounces or mL) | Please record the volume of urine voided into the toilet (use urinary hat) | Amount of urine drained using a catheter (if applicable) | Did you leak? | Did you have to replace your pad or change your clothes due to leakage? |
|---|---|--|--|---------------|---|
| 7 AM  |   |  |  |               |   |
| 8 AM  |   |  |  |               |   |
| 9 AM  |   |  |  |               |   |
| 10 AM   |   |  |  |               |   |
| 11 AM   |   |  |  |               |   |
| Noon  |   |  |  |               |   |
| 1 PM  |   |  |  |               |   |
| 2 PM  |   |  |  |               |   |
| 3 PM  |   |  |  |               |   |
| 4 PM  |   |  |  |               |   |
| 5 PM  |   |  |  |               |   |
| 6 PM  |   |  |  |               |   |
| 7 PM  |   |  |  |               |   |
| 8 PM  |   |  |  |               |   |
| 9 PM  |   |  |  |               |   |
| 10 PM   |   |  |  |               |   |
| 11 PM   |   |  |  |               |   |
| 12 PM   |   |  |  |               |   |
| 1 AM  |   |  |  |               |   |
| 2 AM  |   |  |  |               |   |
| 3 AM  |   |  |  |               |   |
| 4 AM  |   |  |  |               |   |
| 5 AM  |   |  |  |               |   |
| 6 AM  |   |  |  |               |   |

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| 12 PM   |   |  |  |               |   |
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| 3 AM  |   |  |  |               |   |
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