

Urological Associates, P.C.

(563) 359-1641

**VOIDING DIARY**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Dr. \_\_\_\_\_

**DAY 1**

Void#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	# of voids	Total daily amt (cc)
Time of void	7 am																			
Amount																				

COMMENTS:

**DAY 2**

Void#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	# of voids	Total daily amt (cc)
Time of void	7 am																			
Amount																				

COMMENTS:

**DAY 3**

Void#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	# of voids	Total daily amt (cc)
Time of void	7 am																			
Amount																				

COMMENTS:

**DIRECTIONS**

1. Start your voiding diary at 7:00 in the morning. Keep track of each urination for the day and night (from 7:00 a.m. to 6:59 a.m.).
2. Measure each void in mLs (NOT OUNCES) in the container. Record the amount under the appropriate time slot.
3. Drink your normal amount of fluids during this study.
4. **# OF VOIDS:** Total the number of times voided in the 24-hour period.
5. **TOTAL DLY AMT (cc):** Add the total volume urinated in 24 hours.

Bring this voiding diary with you to your next appointment or mail it in depending on your doctor's order.