

DAILY VOIDING DIARY

Name: _____ Date: _____

Keep an accurate diary throughout the day. Try to do 2 diaries a week.

Instructions:

1. Mark wake ups and bedtimes.
2. Mark fluids in ounces. Add up your fluid intake and put on bottom.
3. Be accurate to the minute with the time in the day that you void.
4. Count and record the seconds voided (“one-one-thousand”=1 second)
5. Document your bowel movements with “B.M.”
6. Document under “other comments” things like pain, burning, post-void dribble, double void, etc.

	Time	Type/Amount Food & Fluid	Amount Voided SM/MD/LG	Leakage SM/MD/LG	Urge 0/+/+/+/+	Activity with Leakage	Other Comments
am	12						
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
pm	11						
	12						
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
10							
11							

Number of pads used _____