



Voiding diary

Your name

Your date of birth

A voiding diary is a tool that your doctor uses to figure out if you are having trouble urinating. If there is a problem, how the problem can be treated.

What is a voiding diary?

- A voiding (or bladder) diary can help you keep track of:
 - What you drink: the amount and type of drink
 - The time of day that you drink
 - Whether what you are drinking may be irritating your bladder
 - How much urine you pass
 - Whether you have leaks of urine
- Your urine is measured each time you go to the toilet and written down.
- The information in the voiding diary will help your doctor to understand any problems you may be having with urinating and how to treat it.
- Finish recording when you get up on the **fourth** day.
- To fill out the diary, you will need:
 - A watch to put down the time of day that you urinate
 - A bowl or basin to catch the urine
 - A measuring cup to measure liquid in milliliters (ml) or ounces (oz)
- Women may want to buy an inexpensive toilet insert (at most pharmacies) to collect urine to measure the amount of your urine.

What do I put in the columns for Urgency, Leakage, and Pain?

Urgency (0-3)

“Urgency” is a sudden, very strong need to urinate making it hard to wait to use the toilet.

- 0 – no urgency
- 1 – mild urgency
- 2 – moderate urgency
- 3 – severe urgency

Leakage (0-3)

Urine leaks out accidentally.

- 0 – no leakage
- 1 – leak a few drops
- 2 – leak about (30 ml) an ounce
- 3 – leaks enough to soak pad or clothing

Pain (0-3)

Feeling pain when you urinate or feel the need to urinate.

- 0 – no pain
- 1 – mild pain
- 2 – moderate pain
- 3 – severe pain

How do I fill out a voiding diary?

- Write down every time you go to the toilet.
- Fill out the diary for three days in a row.
- Include all information for 24 hours, not just the hours when you are awake.
- Start recording when you get up on the first day.

Day 1		Day: <i>Monday</i>		Date: <i>Oct. 20</i>	
	Time	Volume (ml or oz.)	Urgency (0-3)	Leakage (0-3)	Pain (0-3)
1	7:45	375ml	1	0	0
2	10:15	225ml	2	1	0
3	12:00	325ml	0	0	0

Please return your completed diary to your physician.

Day 1		Day:	Date:	
Time	Volume (ml or oz)	Urgency (0-3)	Leakage (0-3)	Pain (0-3)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I used _____ pads today.
 Did leakage occur during activity? No Yes
 If yes, what activities?
 Comments:

Day 2		Day:	Date:	
Time	Volume (ml or oz)	Urgency (0-3)	Leakage (0-3)	Pain (0-3)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I used _____ pads today.
 Did leakage occur during activity? No Yes
 If yes, what activities?
 Comments:

Day 3		Day:	Date:	
Time	Volume (ml or oz)	Urgency (0-3)	Leakage (0-3)	Pain (0-3)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I used _____ pads today.
 Did leakage occur during activity? No Yes
 If yes, what activities?
 Comments:

Your next appointment has been scheduled for:

Day: _____ Date: _____

Time: _____ Location: _____

Notes: _____

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