Please record all voiding events for three consecutive days (24 hour periods), beginning when you get out of bed on the first day and ending when you get out of bed on the fourth day.

Write down the time of voiding and the volume of urine passed. This will require a watch, a container for collecting urine and a measuring cup: the volume of urine should be recorded in milliliters (ml) or ounces (oz). Female patients may wish to purchase an inexpensive toilet insert, available at most pharmacies, to collect urine.

Rate any sense of **urgency** (difficulty in postponing urination):

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

Leakage of urine:

0 – no leakage
1 – leakage of a few drops
2 – about an ounce (30 ml) of leakage
3 – urine soaks pad or clothing

Pain with urination or urge to void:

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

Day: *Monday* Date: *Oct. 20*

	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 the completed diary to your physician.

Your next appointment has been scheduled for:

Day:_____

Date:_____

Time:_____

Location: _____

_____

_____

Notes: _____

_____

_____

_____

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Urological Health

Voiding Diary

A voiding diary will provide your physician with information useful in understanding your abnormal voiding pattern so that appropriate treatment can be recommended.

_____
Your name

_____
Your date of birth

cua.org

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: