

# VOIDING DIARY













Track your voids (the number of times you urinate each night) and discuss with your doctor

This Voiding Diary is not intended for self-diagnosis. Bring this Diary, along with your [completed Wake Number Quiz](#), to your doctor. Both tools can help you and your doctor discuss and evaluate your urination concerns. Your doctor can also instruct you on filling out this Voiding Diary properly. A sample Voiding Diary page appears below.





NAME \_\_\_\_\_

DOB \_\_\_\_\_

DATE \_\_\_\_\_

 <b>DAYTIME</b>					 <b>NIGHTTIME</b>				
 Time of day	 Fluid intake and type of fluid	 Amount of urine passed (mL)	 Experienced leaks	 Comments	 Time of day	 Fluid intake and type of fluid	 Amount of urine passed (mL)	 Experienced leaks	 Comments
7:00 AM		200		Woke up for the day	8:00 PM	6 oz water			
8:00 AM	8 oz coffee		X		9:30 PM		200	X	Went to bed
8:30 AM	8 oz coffee				12:30 AM		275		Felt like a large amount of urine
10:15 AM		175			2:00 AM		325		
1:00 PM	12 oz soda				4:45 AM		325	X	Lots of urine
2:15 PM		150	X						
4:00 PM		120							
<b>Totals</b>	28 oz	645	2		<b>Totals</b>	6 oz	1125	2	

## Your doctor will talk to you about:

-  Recording the times you urinate during the day and the times you wake up at night to urinate
-  Recording the times, amounts, and types of fluids you drink over 24 hours
-  Recording your urine volume (amount of urine passed) each time you urinate and whether you experienced leaks
-  Adding any comments you think are important













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DOB \_\_\_\_\_

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<b>Totals</b>					<b>Totals</b>				

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