INSTRUCTIONS

Complete this diary **during 3 consecutive days and nights**. Write the Date, Time Voided, and the Volume Voided in the appropriate column for **each time that you void**. Use a measuring cup, urinal or "potty hat" to measure the volume. The latter two items can be purchased at a hospital supply store. If you run out of space, regular notebook paper can be used to record your measurements.

If you had to rush to get to the bathroom, comment under the column Urgency.

If you leaked urine on the way to the bathroom, comment under Incontinence.

Roughly keep track of the amount of fluid you drank since the last time you voided under the column Volume Intake.

The last column is only for people who are using a catheter – Post Void Residual.

Voiding Diary

Date	Time Voided	Voided Volume	Urgency? Y/N	Incontinence Y/N	Volume Intake	Post Void Residual

Voiding Diary

Date	Time Voided	Voided Volume	Urgency? Y/N	Incontinence Y/N	Volume Intake	Post Void Residual