



Voiding diary

Your name

Your date of birth

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

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.

Time	Day:		Date:	
	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:

Voiding diary

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 : _____

This publication is produced by

Canadian Urological Association
 The Voice of Urology in Canada



Association des Urologues du Canada
 La voix de l'urologie au Canada

The information in the publication is not intended to convey medical advice or to substitute for direct consultation with a qualified medical practitioner. The Canadian Urological Association disclaims all liability and legal responsibility howsoever caused, including negligence, for the information contained in or referenced by this brochure.

© 2014. Canadian Urological Association. All rights reserved.

cua.org

10E-YODE-01-14