

# VOIDING DIARY

Track your voids and discuss with your doctor

Use this filled-in sample Voiding Diary page as a guide for filling out your own diary page.



## VOIDING DIARY

DATE \_\_\_\_\_

DAYTIME					NIGHTTIME				
Time of day	Fluid intake and type of fluid	Amount of urine passed (mL)	Experienced leaks	Comments	Time of day	Amount of urine passed (mL)	Amount of urine passed (mL)	Experienced leaks	Comments
7:00 AM		200		Woke up for the day	8:00 PM	6 oz wine			
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				3:30 AM		275		Had a hard time getting back to sleep
2:15 PM		150	X		4:45 AM		325	X	Lots of urine again
4:00 PM		120			5:30 AM		200		

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



















Download and print out the blank Voiding Diary tables below and use each one to provide information about your frequent urination over a 24-hour period. Once you've filled it out, bring it to your doctor to aid in your discussion and diagnosis.



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