lease 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):

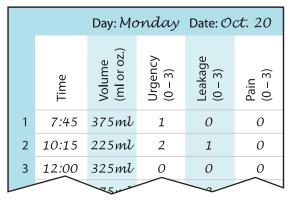
- 0 no urgency
- 1 mild urgency
- 2 moderate urgency
- 3 severe urgency

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



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 bi	rth	
	Store Contraction	
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		CIAT
	*1945	NO

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?					
Con	nments:				

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 I If yes, what activities?					
Comments:					