

Instructions for Completing the 3-Day Voiding Diary

1. Please complete the voiding diary for a total of 3 days.
2. On the day that you start recording events in the voiding diary, **print your name and date at the top of the diary.**

How to record in the diary:

Time of day: Use one voiding diary sheet for each 24-hour period. Circle your bedtime (example, 11pm) and wake up time (example 6am) directly in the time column. Start recording all fluid intake and urinary events starting at 7am and ending the following day at 7am. Write down the event next to the appropriate hour time slot when it occurred.

Fluid Intake: In the column marked “fluid intake”, write the total amount of fluids you drank (in ounces) during a given time period.

Toilet Voids: In the column marked “toilet voids”, make sure the urinary hat is placed in the toilet each time you urinate. Record the amount of urine you voided (in ounces) each time you urinated in the toilet over a 24-hour period. If no measuring tool available, indicate amount by marking as Small (S), Medium (M), or Large (L).

Amount of Urine Drained via Catheter: In the column marked “amount of urine drained via catheter”, record the amount of urine (in ounces or milliliters) that you drained using a catheter. Remark if this was a residual urine volume (example, 2 oz residual [R], or 4 oz catheter [C] void). If you do not use a catheter, leave this column blank.

Leaks: In the column marked “leaks”, put a check mark each time you had involuntary urine loss (even a small amount) before you made it to the toilet. At time of leak mark if Physical Activity (P), Sneezing (S), Coughing (C), Laughing (L), Walking (W), Sleeping (SI)

Pad Changes: In the column marked “pad changes”, mark each time you changed your pad. If the pad was dry, write a “D”. If the pad was wet with urine, write down whether it was a small, moderate, or a large amount.

Start a new page for each day you keep the diary. You need to keep a diary for at least 3 full days, though they do not need to be consecutive days.



Name _____ Date _____

Use the diary below to record urinary output, fluids consumed, and urinary leakage (if applicable) for 3 complete 24-hour periods. If you used a catheter to empty your bladder, record those volumes in the specified column.

Time of day Circle bedtime and wake up times below; also fill in events at right in time slots when they occurred	Fluid Intake Write down amount of liquid you drank (in oz) from toileting event to next.	Toilet Urinations Write down oz urinated into urinary hat each time you urinate. If no hat mark S,M, or L	Amount of urine drained via catheter If using a catheter, record amount (in oz, ml, or cc); indicate catheter [C] or residual [R]	Leaks Place check mark in column if you leaked urine before making it to the toilet. At time of leak: (P,S,C,L,W,SI)	Pad Changes At each toileting event, write "D" if pad was dry or "W" if pad was wet; write if amount was small, mod, or large.
7 am					
8 am					
9 am					
10 am					
11 am					
Noon					
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11 pm					
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3 am					
4 am					
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6 am					

Call: (800) 503- 7604 or Email: info@getcompletecare.com



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