MERCY
Specialty Clinics,
Urology

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VOIDING DIARY

Name: _____ Date of birth: _____

Please keep a diary for 1-2 days sometime before your upcoming office visit. Continue on back if needed. **This should be filled out even if you do not currently have any urinary leakage problems.** Please record void time, void amount using a measuring hat, and fluid intake.

Date of urination	Time of urination	Void amount using measuring hat:	Fluid intake: Type and amount of fluid (ounces) and time consumed

VOIDING DIARY

Name: _____ Date of birth: _____

Date of urination	Time of urination	Void amount using a measuring hat:	Fluid intake: Type and amount of fluid (ounces) and time consumed