HOW TO MAKE A VOIDING DIARY

- A Voiding Diary (also called Frequency-Volume Chart) is a record of your fluid intake and urine output according to time.
- The doctor may ask you to make a voiding diary to assess your fluid intake. This will help him in determining whether the reason for your complaints might be low or high fluid intake.
- The Voiding Diary will also help in documenting the actual frequency of urination and the number of nocturnal voids. It also helps to record how often you have that "must go" urgency feeling and if & the amount of urine leaked.
- You can make a voiding diary before your first visit to the doctor. This will be helpful in evaluation of your symptoms and their effect on your quality of life. Or you make it on your follow up visit after the doctor asks you to.
- The Voiding Diary should be made for a minimum of 3 days for it to be properly representative of your complaints.
- How and what is to be recorded in the Voiding Diary:
    - **Time of Day:** One diary should be used for a 24-hour period. Please mark your waking and bedtime in the sheet. Then, start recording all fluid (water, tea, milk, juices etc) according to time slots given during that 24-hour period
    - **Fluid intake:** Record all the fluids (in ml) according to time slots during the 24-hour period
    - **Toilet void:** Note the amount of urine (measured in ml) you pass in the toilet according to the time
    - **Urine drained via catheter:** If you use a catheter to drain urine (either altogether or after passing urine), then note it in this column (in ml) according to time. Leave it blank if you do not use a catheter
    - **Leak:** Tick this column if you leak at a particular time and note the amount leaked (drops, mild, moderate, severe)
    - **Pad changes:** Tick this column when you change your pad. Put 'D' if the pad is dry and note (mild, moderate and severe) if the pad is wet. Leave the column blank if you do not use a pad
- Please find the Voiding Diary attached below for download and a Sample diary at the end for further understanding.

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Name:				Date:	
Time of Day	**Fluid Intake**	**Toilet Void**	**Urine Drained via Catheter**	**Leak**	**Pad Change**
7 am					
8 am					
9 am					
10 am					
11 am					
Noon					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					
6 pm					
7 pm					
8 pm					
9 pm					
10 pm					
11 pm					
Midnight					
1 am					
2 am					
3 am					
4 am					
5 am					
6 am					

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SAMPLE VOIDING DIARY

Name: MR. XYZ Date: 01/01/2001

Time of Day	Fluid Intake	Toilet Voids	Amount of Urine Drained via Catheter	Leaks	Pad Changes
7 am					
8 am	Wake Time 500ml water				Pad applied
9 am		200 ml			
10 am	9:30am Tea (50ml)	100 ml			
11 am					
Noon	300ml (Dal)				
1 pm		300ml		(++) Before pass/ urin	
2 pm					
3 pm	100ml (water)				
4 pm		4:30pm - 250ml			
5 pm	5:30pm - Tea (50ml)				
6 pm					
7 pm	Soup (100ml)	300 ml		(++) Before pass/ urin	
8 pm					
9 pm					
10 pm	(water) 100ml				
11 pm		11:45 pm - 300ml			
midnight	Bedtime				Pad removed (Mild wet)
1 am					
2 am					
3 am					
4 am		100 ml			
5 am					
6 am					

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