

## CHOC CHILDREN'S UROLOGY CENTER

## **Voiding Diary Instructions**

This diary should be used to gather more information regarding your child's urination patterns. Please gather at least 2-4 full days of information for your child. Each time they urinate during the day should be recorded (waking at night to urinate does not need to be recorded). These days do not need to be in a row. You may find it easiest to complete the diary on a Saturday and Sunday then take the weekdays off from recording and resume again on the following weekend.

An explanation of each column is listed below.

**Time:** The time of day that your child urinated.

**Amount Voided:** Volume in cc's that your child voided. If you have not been

given a "urine hat" from our office please use another

container such as a measuring cup and record the amount in

oz or cups.

**Wetness:** 0 = completely dry underpants

+ = underpants are slightly damp ++ = underpants are very wet

+++ = pee has soaked through clothing and pants need to be

changed

Urge (yes or no): Answer "yes" if your child has a sudden urge to urinate where

they "run to the bathroom"

Please bring the completed diary with you at your next appointment.

Thank you, this information is greatly appreciated and allows us to better fully assess your child. We look forward to reviewing this information with you at your appointment.



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Name: Date:

Time Amount Voided Wetness Urge			
Time	Amount Voided (Please indicate if measured in: ml, cc, ounces, cups, etc)	Wetness	Urge (yes or no)
1			