## metrovanurology.com

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Vo	idin	na D	iary

Last Name (REQUIRED)

First Name (REQUIRED)

PHN/CARE CARD NUMBER (REQUIRED)

## **INSTRUCTIONS**

- 1. Urinate into a measuring cup (e.g. from kitchen)
- 2. Write down the TIME you went the washroom
- 3. Write down the AMOUNT in ounces or milliliters (ML)
- 4. Discard the urine
- 5. Record DAY and NIGHT

## **TIPS**

- Does NOT need to be consecutive days
- MEASURING CUP: one for cooking/baking will work
- Do your best no worries if you miss a few measurements
- Do NOT change your drinking habits

DAY 1	
TIME	AMOUNT

DAY 2	
TIME	AMOUNT

DAY 3	
TIME	AMOUNT