METROVAN UROLOGY
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Voiding Diary

Last Name (REQUIRED) First Name (REQUIRED) PHN/CARE CARD NUMBER (REQUIRED)

Instructions: Print out this sheet and fill in the table.

1. Please use a measuring cup to report the volume of urine you pass each time you go to the washroom. Any measuring cup you use for cooking will do. We prefer that you record the volume in milliliters (ml) or cubic centiliters (cc).
2. 3 Days & Nights is ideal. Start recording from the time you wake up for a 24 hour cycle.
3. Do not change your fluid intake or drinking habits for the test
4. Please make a note of any episodes of incontinence (urine loss)

e.g.

Time	Amount Voided	Leak
9 am	250 cc	No
1030 am	200 cc	No

Day 1 Date:		
Time	Amount Voided	Leak? Yes/No

Day 2 Date:		
Time	Amount Voided	Leak? Yes/No

Day 3 Date:		
Time	Amount Voided	Leak? Yes/No