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Three to Five Day Voiding Diary

Instructions:

This diary is for you, the patient, to keep record of you urinary control over a period of 3-5 days in a row. You should select 3-5 days that show your regular or normal routine activities and consumption of fluids. Do not keep the diary during a menstrual period. It is very important to keep a detailed 24-hour record of each urination, beginning at Midnight of the first day. Please record any urination or leakage during each two-hour time interval.

Column 1: Two hour time blocks

Column 2: Place a check next to the time when you urinate into the toilet

Column 3: Place a check next to the time when you accidentally lose urine because of coughing, sneezing, laughing, or other strenuous activity.

Column 4: Place a check next to the time when you lose urine with an urge to empty your bladder, but did not have enough time to get to the toilet.

Column 5: Place a check next to the time when you have a strong urge to go to the restroom, but do not have a leakage accident.

Column 6: Document next to the time when you have to change pads, Use abbreviations for the type of pads; Mini = Mini-Pad, Max = Maxi-Pad, D = Diaper.

Column 7: Document the fluid you drank during the specified time period.

Column 8: Note any reason for urine loss other than those in column's 2 and 3 (with activity or urge)

Patient's Name: _____

Address: _____

Contact Phone: _____

Day One –Bladder Control Diary **Date:** _____

1	2	3	4	5	6	7	8
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Time:	Void in Toilet	Leak with Activity	Leak with Urge	Urgency No leak	New Pad Applied	Cups Fluid I drank	Other Cause For leak
Midnight-2am							
2am-4am							
4am-6am							
6am-8am							
8am-10am							
10am-noon							
Noon-2pm							
2pm-4pm							
4pm-6pm							
6pm-8pm							
8pm-10pm							
10pm-Midnight							

Day Two –Bladder Control Diary **Date:** _____

1	2	3	4	5	6	7	8
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Time:	Void in Toilet	Leak with Activity	Leak with Urge	Urgency No leak	New Pad Applied	Cups Fluid I drank	Other Cause For leak
Midnight-2am							
2am-4am							
4am-6am							
6am-8am							
8am-10am							
10am-noon							
Noon-2pm							
2pm-4pm							
4pm-6pm							
6pm-8pm							
8pm-10pm							
10pm-Midnight							

Day Three –Bladder Control Diary Date: _____

1	2	3	4	5	6	7	8
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Time:	Void in Toilet	Leak with Activity	Leak with Urge	Urgency No leak	New Pad Applied	Cups Fluid I drank	Other Cause For leak
Midnight-2am							
2am-4am							
4am-6am							
6am-8am							
8am-10am							
10am-noon							
Noon-2pm							
2pm-4pm							
4pm-6pm							
6pm-8pm							
8pm-10pm							
10pm-Midnight							

Day Four –Bladder Control Diary Date: _____

1	2	3	4	5	6	7	8
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Time:	Void in Toilet	Leak with Activity	Leak with Urge	Urgency No leak	New Pad Applied	Cups Fluid I drank	Other Cause For leak
Midnight-2am							
2am-4am							
4am-6am							
6am-8am							
8am-10am							
10am-noon							
Noon-2pm							
2pm-4pm							
4pm-6pm							
6pm-8pm							
8pm-10pm							
10pm-Midnight							

Day Five –Bladder Control Diary **Date:** _____

1	2	3	4	5	6	7	8
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Time:	Void in Toilet	Leak with Activity	Leak with Urge	Urgency No leak	New Pad Applied	Cups Fluid I drank	Other Cause For leak
Midnight-2am							
2am-4am							
4am-6am							
6am-8am							
8am-10am							
10am-noon							
Noon-2pm							
2pm-4pm							
4pm-6pm							
6pm-8pm							
8pm-10pm							
10pm-Midnight							