

**VOIDING DIARY**

For a 24 hour period, every time that you urinate record the *time of day* and the *volume voided* by using a measuring cup calibrated in ounces. Please bring this completed diary with you at the time of your next visit.

<b>Time of Day</b>	<b>Volume voided</b>
<b>void #1</b>	
<b>void #2</b>	
<b>void #3</b>	
<b>void #4</b>	
<b>void #5</b>	
<b>void #6</b>	
<b>void #7</b>	
<b>void #8</b>	
<b>void #9</b>	
<b>void #10</b>	
<b>void #11</b>	
<b>void #12</b>	
<b>void #13</b>	
<b>void #14</b>	
<b>void #15</b>	
<b>void #16</b>	
<b>void #17</b>	
<b>void #18</b>	
<b>void #19</b>	
<b>void #20</b>	

