

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.

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