2-DAY VOIDING DIARY

Name:_____Date:_____

MARK TIME UP FOR DAY & BEDTIME	**TIME**	**VOIDED VOLUME oz/mL/cc**	**FAILED VOID**	**VOLUME LIQUIDS DRUNK oz/mL/cc**	**If leak: WET**	**If cathing: CATH VOLUME**	**If meds: DIURETICS**
"Awake" "In Bed"		**Each void e.g. 30cc/145cc**	Mark if tried and unable	Record type: e.g. coffee	Yes or No	Amount Catheterized	Mark Water Pills if Taken
	5-7 am						
	7-9 am						
	9-11 am						
	11a-1 pm						
	1-3 pm						
	3-5 pm						
	5-7 pm						
	7-9 pm						
	9-11 pm						
	11p-1 am						
	1-3 am						
	3-5 am						
	5-7 am						
	7-9 am						
	9-11 am						
	11a-1 pm						
	1-3 pm						
	3-5 pm						
	5-7 pm						
	7-9 pm						
	9-11 pm						
	11p-1 am						
	1-3 am						
	3-5 am						
	5-7 am						
	7-9 am						
	9-11 am						

Instructions: Please collect ALL urine for 2 days including nighttime voids.
NIGHTTIME VOIDS: circle all voids AFTER falling asleep including 1st AM VOID

TOTAL Day #1: 24 hour voided volume: _____
Nighttime voided volume: _____
TOTAL Day #2: 24 hour voided volume: _____
Nighttime voided volume: _____