



**SUFU**

*SOCIETY OF  
URODYNAMICS,  
FEMALE PELVIC MEDICINE &  
UROGENITAL RECONSTRUCTION*

## Instructions for Completing the 3-Day Voiding Diary

1. Please complete the voiding diary for 3 full days.

2. On the day that you start recording events in the voiding diary, print your name and date at the top of the diary (attached next page).

Description of diary column headings on next page

3. Time of day: Use one voiding diary sheet for each 24-hour period. Circle your bedtime (ex, 10 pm) and wake up time (ex, 7 am) directly in the time column. Start recording all fluid intake and urinary events starting at 7 am and ending the following day at 7 am. Write down the event next to the appropriate hour time slot in which it occurred.

4. Fluid Intake: In the column marked "fluid intake," write the total amount of fluids you drank (in ounces) during a given time period.

5. Toilet Urinations: In the column marked "toilet urinations," make sure the urinary hat is in place in the toilet each time you urinate. Then record the amount of urine you voided (in ounces) each time you urinated in the toilet over a 24-hour period.

6. Amount of Urine Drained via Catheter: In the column marked "amount of urine drained via catheter," record the amount of urine in ounces or milliliters that you drained using a catheter. Remark if this was a residual urine volume (ex, 2 oz residual [R], or 4 oz catheter [C] void). If you do not use a catheter, leave this column blank.

7. Leaks: In the column marked "leaks," put a check mark each time you lost urine (even a small amount) before you made it to the toilet.

8. Pad Changes: In the column marked "pad changes," mark each time you changed your pad. If the pad was dry, write a "D." If the pad was wet with urine, write down whether it was a small, moderate, or large amount.

9. Start a new page for each day you keep the diary. You need to keep a diary for 3 full days, though they do not need to be consecutive days. Remember to print your name and date at the top of each page of the diary.

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Use diary below to record urinary output, fluids consumed, and urinary leakage (if applicable) for 3 complete 24-hour periods (they do not have to be consecutive days). If you used a catheter to empty or assist in emptying your bladder, record those volumes in the specified column.

## 3-Day Voiding Diary

<b>Time of day</b>  circle bedtime and wake up times below; also fill in events at right in the time slots when they occurred	<b>Fluid intake</b>  write down amount of liquid you drank - in oz - from one toileting event to next	<b>Toilet urinations</b>  write down oz urinated into urinary hat sitting inside toilet seat each time you urinate	<b>Amount of urine drained via a catheter</b>  if using a catheter, record amount in oz, ml, or cc; indicate if this was catheter [C] residual [R]	<b>Leaks</b>  place check mark in column if you leaked urine before making it to toilet	<b>Pad changes</b>  at each toileting event write "D" if pad is dry or if wet, write down amount: small, mod., large
7 am					
8 am					
9 am					
10 am					
11 am					
noon					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					
6 pm					
7 pm					
8 pm					
9 pm					
10 pm					
11 pm					
midnight					
1 am					
2 am					
3 am					
4 am					
5 am					
6 am					

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