



Ravenna Urology Clinic Pte Ltd

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VOIDING DIARY

Instructions:

1. The function of this record is to help us better understand your drinking and voiding habits, hence improve our treatment plans.
2. Please measure and record each time you drink and what kind of drinks / fluids taken, e.g. coffee, tea, Please fill up for at least 2 /3 typical days.
3. Record the time and the quantity of urine each time you pass, in millilitres.
4. Write "W" each time you wet yourself. Write "P" each time you use a pad. Write "U" each time you feel urgent (desperate) before you have to pass urine.
5. Please indicate '*' for your sleeping time.

DATE		DATE		DATE		NURSE
Time	Fluids Taken	Urine Passed	Time	Fluids Taken	Urine Passed	Sleeping Time:
						Total Fluids taken:
						Types of Fluids taken:
						PU Range:
						Min Urine Volume:
						Max Urine Volume:
						Total Urine passed:
						Frequency:
						Daytime:
						Nocturia:
						Interval time between voiding:
						Incontinent episodes
						Amount of pads used:
Total						