METROVAN UROLOGY
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Voiding Diary

Last Name (REQUIRED) First Name (REQUIRED) PHN/CARE CARD NUMBER (REQUIRED)

INSTRUCTIONS

1. Urinate into a measuring cup (e.g. from kitchen)
2. Write down the TIME you went the washroom
3. Write down the AMOUNT in ounces or milliliters (ML)
4. Discard the urine
5. Record DAY and NIGHT

TIPS

- Does NOT need to be consecutive days
- MEASURING CUP: one for cooking/baking will work
- Do your best – no worries if you miss a few measurements
- Do NOT change your drinking habits

DAY 1	
TIME	AMOUNT

DAY 2	
TIME	AMOUNT

DAY 3	
TIME	AMOUNT