Patient Name: ________________________

3-Day Voiding Diary

Day 1: ___ /___ /______

Behavioral Therapy

Physician (Ph)- √ if prescribed
Patient (Pt) - √ if performed

Ph Pt
☐ ☐ Restrict Daytime Fluids
☐ ☐ Restrict Evening Intake
☐ ☐ Scheduled Voiding
- Void every ___ hours

Ph Pt
☐ ☐ Dietary Adjustments
☐ Caffeine ☐ Alcohol
☐ Smoking ☐ Soda
☐ Artificial Sweeteners

Ph Pt
☐ ☐ Kegel Exercises
☐ ☐ Urge Reduction Techniques
☐ ☐ ______________________

Tracking

Frequency of Micturition (R35.0):
1) Number of Voids During the Day: __________
Tally (if useful): ☐
2) Number of Voids During Normal Sleeping Hours: __________
Tally (if useful): ☐

Urinary Urgency (N39.15):
1) Overall Severity of the Urgency: 0-no bother 1 2 3 4 5-severe
2) Number of Episodes with Leakage: _________(N39.41 – Urge Incontinence)

Fluid intake (# cups): Coffee: ______ Alcohol: _______ Soda:________ Water:________ Other: _________

Day 2: ___ /___ /______

Behavioral Therapy

Physician (Ph)- √ if prescribed
Patient (Pt) - √ if performed

Ph Pt
☐ ☐ Restrict Daytime Fluids
☐ ☐ Restrict Evening Intake
☐ ☐ Scheduled Voiding
- Void every ___ hours

Ph Pt
☐ ☐ Dietary Adjustments
☐ Caffeine ☐ Alcohol
☐ Smoking ☐ Soda
☐ Artificial Sweeteners

Ph Pt
☐ ☐ Kegel Exercises
☐ ☐ Urge Reduction Techniques
☐ ☐ ______________________

Tracking

Frequency of Micturition (R35.0):
1) Number of Voids During the Day: __________
Tally (if useful): ☐
2) Number of Voids During Normal Sleeping Hours: __________
Tally (if useful): ☐

Urinary Urgency (N39.15):
1) Overall Severity of the Urgency: 0-no bother 1 2 3 4 5-severe
2) Number of Episodes with Leakage: _________(N39.41 – Urge Incontinence)

Fluid intake (# cups): Coffee: ______ Alcohol: _______ Soda:________ Water:________ Other: _________

Day 3: ___ /___ /______

Behavioral Therapy

Physician (Ph)- √ if prescribed
Patient (Pt) - √ if performed

Ph Pt
☐ ☐ Restrict Daytime Fluids
☐ ☐ Restrict Evening Intake
☐ ☐ Scheduled Voiding
- Void every ___ hours

Ph Pt
☐ ☐ Dietary Adjustments
☐ Caffeine ☐ Alcohol
☐ Smoking ☐ Soda
☐ Artificial Sweeteners

Ph Pt
☐ ☐ Kegel Exercises
☐ ☐ Urge Reduction Techniques
☐ ☐ ______________________

Tracking

Frequency of Micturition (R35.0):
1) Number of Voids During the Day: __________
Tally (if useful): ☐
2) Number of Voids During Normal Sleeping Hours: __________
Tally (if useful): ☐

Urinary Urgency (N39.15):
1) Overall Severity of the Urgency: 0-no bother 1 2 3 4 5-severe
2) Number of Episodes with Leakage: _________(N39.41 – Urge Incontinence)

Fluid intake (# cups): Coffee: ______ Alcohol: _______ Soda:________ Water:________ Other: _________