Patient Name: ________________________

3-Day Voiding Diary

Day 1: ___ /___ /______

Behavioral Therapy

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

Ph	Pt		Ph	Pt		Ph	Pt	
□	□	Restrict Daytime Fluids	□	□	Dietary Adjustments	□	□	Kegel Exercises
□	□	Restrict Evening Intake			□ Caffeine □ Alcohol	□	□	Urge Reduction Techniques
□	□	Scheduled Voiding			□ Smoking □ Soda	□	□	______________________
		- Void every ___ hours			□ Artificial Sweeteners			

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		Ph	Pt		Ph	Pt	
□	□	Restrict Daytime Fluids	□	□	Dietary Adjustments	□	□	Kegel Exercises
□	□	Restrict Evening Intake			□ Caffeine □ Alcohol	□	□	Urge Reduction Techniques
□	□	Scheduled Voiding			□ Smoking □ Soda	□	□	______________________
		- Void every ___ hours			□ Artificial Sweeteners			

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		Ph	Pt		Ph	Pt	
□	□	Restrict Daytime Fluids	□	□	Dietary Adjustments	□	□	Kegel Exercises
□	□	Restrict Evening Intake			□ Caffeine □ Alcohol	□	□	Urge Reduction Techniques
□	□	Scheduled Voiding			□ Smoking □ Soda	□	□	______________________
		- Void every ___ hours			□ Artificial Sweeteners			

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: _________