

# THREE-DAY VOIDING DIARY

**Chesapeake**  
**UROLOGY®**  
**FOR CHILDREN**

*The most personal care for life's most personal issues.*

NAME \_\_\_\_\_

DAY 1	Fluid Intake (cups)	Voiding Activity
6 AM		
7		
8		
9		
10		
11		
Noon		
1 PM		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
Midnight		
1 AM		
2		
3		
4		
5		

DAY 2	Fluid Intake (cups)	Voiding Activity
6 AM		
7		
8		
9		
10		
11		
Noon		
1 PM		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
Midnight		
1 AM		
2		
3		
4		
5		

DAY 3	Fluid Intake (cups)	Voiding Activity
6 AM		
7		
8		
9		
10		
11		
Noon		
1 PM		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
Midnight		
1 AM		
2		
3		
4		
5		

**KEY:**  
**PU** = Planned Urination (measure amount, if possible)    **UA** = Urinary Accident    **BM** = Bowel Movement    **BA** = Bowel Accident