

## Module 6- Daily Voiding Log

| <u>Time of Day</u> | <u>Food/Liquid</u><br><u>(Excluding Water):</u><br><u>Type of Food &amp; Drink</u> | <u>Water Intake</u><br><u>(ounces)</u> | <u>Amount Urinated</u><br><u>(in Mississippi)</u> | <u>Urge Present?</u><br><u>(L / M / H)</u><br><u>Leaking?</u><br><u>(Y / N) Activity</u><br><u>with Leaking?</u> |
|--------------------|--|--|---|--|
| Midnight           |  |  |   |  |
| 1:00AM             |  |  |   |  |
| 2:00AM             |  |  |   |  |
| 3:00AM             |  |  |   |  |
| 4:00AM             |  |  |   |  |
| 5:00AM             |  |  |   |  |
| 6:00AM             |  |  |   |  |
| 7:00AM             |  |  |   |  |
| 8:00AM             |  |  |   |  |
| 9:00AM             |  |  |   |  |
| 10:00AM            |  |  |   |  |
| 11:00AM            |  |  |   |  |
| NOON               |  |  |   |  |
| 1:00PM             |  |  |   |  |
| 2:00PM             |  |  |   |  |
| 3:00PM             |  |  |   |  |
| 4:00PM             |  |  |   |  |
| 5:00PM             |  |  |   |  |
| 6:00PM             |  |  |   |  |
| 7:00PM             |  |  |   |  |
| 8:00PM             |  |  |   |  |
| 9:00PM             |  |  |   |  |
| 10:00PM            |  |  |   |  |
| 11:00PM            |  |  |   |  |

**Number of Pads and/or Panty Liners Used:** \_\_\_\_\_

**How would you describe your urinary stream?** (check all that apply)

☐ Hesitant - Difficulty Starting     ☐ Slow / Weak     ☐ Angled to One Side - circle - Right or Left  
☐ Stop /Start During Void     ☐ Painful - Before ( Y/N ) : During ( Y/N ) : After ( Y/N )