NAME: _____ Age: _____

Voiding Diary

This test will help us understand your child's bladder function. Please measure how much urine comes out of his/her bladder each time he/she urinates. Record the date, the time of day, the volume of urine (use oz. please) and whether the underwear is dry, damp or wet each time your child urinates. Keep the diary for ____ days. The **days need not be all in a row**. For example, you could measure one Saturday and Sunday and the following Saturday. When your child has a bowel movement, record that in the diary too by making a mark in the box on the right. Put an 'X' if your child has a bowel movement. Put an 'S' if your child's underpants are soiled. Return the diary in the mail or bring it with you to the clinic.

Date	Time of Day	Urine Volume (use Oz.)	Underwear (dry, wet, damp)	B/M = X Soiled = S

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