



Voiding Diary

How to do a voiding diary:

- The purpose of the voiding diary is to help us know how much your child drinks, when they drink, how often they urinate, how much they urinate, and how often they are dry or damp. It is an important tool in evaluating the bladder. *It is a lot of work but it is **very important!***
- The voiding diary needs to be done for 3 days. It does not have to be 3 days in a row. Try to pick days when your child is mostly home. If you are out and the child drinks or urinates and you are not able to record the amount, write down the drink or urine and add unknown volume.
- **Do not prompt** your child to eat or drink during the voiding diary.
- When your child has a drink, measure the volume. Write it down in the box “volume of fluid drank” next to the time the drink occurred.
- When your child urinates, measure the amount and write it down in the box “volume of urine passed” next to the time the urination occurred.
- Record if your child was damp or wet, or if they were urgent when they voided.

Voiding Diary Supplies

For boys:

You may buy a large inexpensive measuring cup. Male children can void directly into the measuring cup.

For girls:

You will need to obtain a urine specimen collection unit (also known as a “Texas Hat”). This is a plastic bucket-type device which sits inside the toilet to collect and measure the urine. It is also called a specimen collecting pan.

First, ask your pediatrician if they have one in the office that they can give you. Some offices keep them in stock.

They may be purchased at durable medical equipment stores. You may find one close to you by doing an internet search. The stores below have told us that they carry the urine specimen collection unit in stock. The Walgreens that have medical supply departments may have them. Ask at the pharmacy counter.

Beckers Pharmacy and Medical Supply
4744 N Western Ave.
Chicago, IL
773.561.4486

Westmont Home Medical Equipment
2 N Cass Ave.
Westmont, IL
630.969.2043

They can also be purchased online:

Allegro Medical: www.allegromedical.com

Amazon: www.amazon.com (put specimen collector pan in search box)



Date: _____
Fecha

Day of the week: _____
Día de la semana

TIME <i>HORA</i>	FOOD INTAKE <i>CONSUMO DE COMIDA</i>	VOLUME OF FLUIDS DRANK (oz.) <i>VOLUMEN DE LÍQUIDOS TOMADOS (onzas)</i>	VOLUME OF URINE PASSED (oz.) <i>VOLUMEN DE ORINA PASADA (onzas)</i>	PANTS/SKIRT ARE: (circle one) <i>ESTADO DE PANTALONES/FALDA: (marque una opción)</i>	WET BED (circle one) <i>CAMA MOJADA (marque una opción)</i>	COMMENTS you would like to make such as: There was urgency to void, or bowel movement was hard <i>COMENTARIOS que quisiera hacer como: Tenía demasiado urgencia para evacuar o sus heces estaban duras</i>
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	

Signature: _____ Relationship to Patient: _____
Firma Parentesco con paciente

Date/Time: _____ Interpreter (if applicable): _____
Fecha/Hora Intérprete (si corresponde)



Date: _____
Fecha

Day of the week: _____
Día de la semana

TIME <i>HORA</i>	FOOD INTAKE <i>CONSUMO DE COMIDA</i>	VOLUME OF FLUIDS DRANK (oz.) <i>VOLUMEN DE LÍQUIDOS TOMADOS (onzas)</i>	VOLUME OF URINE PASSED (oz.) <i>VOLUMEN DE ORINA PASADA (onzas)</i>	PANTS/SKIRT ARE: (circle one) <i>ESTADO DE PANTALONES/FALDA: (marque una opción)</i>	WET BED (circle one) <i>CAMA MOJADA (marque una opción)</i>	COMMENTS you would like to make such as: There was urgency to void, or bowel movement was hard <i>COMENTARIOS que quisiera hacer como: Tenía demasiado urgencia para evacuar o sus heces estaban duras</i>
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí/ No</i>	

Signature: _____ Relationship to Patient: _____
Firma Parentesco con paciente

Date/Time: _____ Interpreter (if applicable): _____
Fecha/Hora Intérprete (si corresponde)



Date: _____
Fecha

Day of the week: _____
Día de la semana

TIME <i>HORA</i>	FOOD INTAKE <i>CONSUMO DE COMIDA</i>	VOLUME OF FLUIDS DRANK (oz.) <i>VOLUMEN DE LÍQUIDOS TOMADOS (onzas)</i>	VOLUME OF URINE PASSED (oz.) <i>VOLUMEN DE ORINA PASADA (onzas)</i>	PANTS/SKIRT ARE: (circle one) <i>ESTADO DE PANTALONES/FALDA: (marque una opción)</i>	WET BED (circle one) <i>CAMA MOJADA (marque una opción)</i>	COMMENTS you would like to make such as: There was urgency to void, or bowel movement was hard <i>COMENTARIOS que quisiera hacer como: Tenía demasiado urgencia para evacuar o sus heces estaban duras</i>
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	
				DRY DAMP WET <i>SECO HÚMEDO MOJADO</i>	Yes/ No <i>Sí / No</i>	

Signature: _____ Relationship to Patient: _____
Firma Parentesco con paciente

Date/Time: _____ Interpreter (if applicable): _____
Fecha/Hora Intérprete (si corresponde)