MultiCare
Mary Bridge Children's Hospital & Health Center

Home Voiding Diary

Name:_____ Date:_____

Please complete the voiding diary for ___ days. The diary will help us understand your child's bladder function. Record 24 hours for each day.

-Record all the fluids your child drinks
-Use a "hat" to help catch your child's urine and measure it in ounces.
-Record if the underwear is dry, wet or damp each time your child goes to the bathroom.
-Mark if your child has a bowel movement or if underwear is soiled.

Time	**Fluid type and amount**	**Urine Amount**	**Underwear** Dry, wet, damp	**B/M=X Soiled=S**

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