
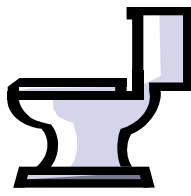





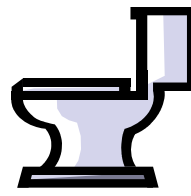


## Division of Urology – Voiding Diary: Child

<b>For the week of</b> _____	 <b>Wake-Up</b>	 <b>Bowel Movement</b>	 <b>Mid-Morning</b>	 <b>Lunch</b>	 <b>Mid-Afternoon</b>	 <b>Dinner</b>	 <b>Bedtime</b>	 <b>Bowel Movement</b>
<b>Monday</b>								
<b>Tuesday</b>								
<b>Wednesday</b>								
<b>Thursday</b>								
<b>Friday</b>								
<b>Saturday</b>								
<b>Sunday</b>								

**Directions:**

1. "W" = Water. Please drink 3 \_\_\_\_\_ oz. glasses of water a day.
2. √ = Void. Please void every 2-3 hours or 6 times a day.
3. Please indicate a "A" for accidents and "D" for damp pants.
4. Please put an "X" in the bowel movement box if your child has a bowel movement.