

## **VOIDING LOG**

Record for 3 days (nonconsecutive) 24-hour periods

Log what you are drinking, time, date, and how much Log how much you urinate, time, and date (using provided hat)

Patient Name:			
Date and Time	Amount Ingested	Amount Voided	Incontinent
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
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			☐ YES ☐ NO
			☐ YES ☐ NO
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			YES NO
			☐ YES ☐ NO
			YES NO
			☐ YES ☐ NO