

Appendix K: Sample Voiding Record

Void: Write in the amount each time you pass urine in the toilet. Drink: Write in the amount each time you have a drink. Wet event: Each time you are wet.		Time	Void	Drink	Wet Event	Time	Void	Drink	Wet Event
		6:00 am				6:00 pm			
		6:30 am				6:30 pm			
		7:00 am				7:00 pm			
		7:30 am				7:30 pm			
		8:00 am				8:00 pm			
		8:30 am				8:30 pm			
		9:00 am				9:00 pm			
		9:30 am				9:30 pm			
		10:00 am				10:00 pm			
		10:30 am				10:30 pm			
		11:00 am				11:00 pm			
		11:30 am				11:30 pm			
		12:00 noon				12:00 night			
		12:30 pm				12:30 am			
		1:00 pm				1:00 am			
		1:30 pm				1:30 am			
		2:00 pm				2:00 am			
		2:30 pm				2:30 am			
		3:00 pm				3:00 am			
		3:30 pm				3:30 am			
		4:00 pm				4:00 am			
		4:30 pm				4:30 am			
		5:00 pm				5:00 am			
		5:30 pm				5:30 am			

Source: Collaborative Continence Program, St. Joseph's Community Health Centre. Reprinted with permission: Jennifer Skelly, RN, PhD, Associate Professor, McMaster University School of Nursing, Director, Continence Program, St. Joseph's Healthcare, Hamilton, Ontario.