

# VOIDING DIARY

## Waking up to pee at night?

How much is too much?  
Find out now.

## Wonderful or One Third Full tonight?



Volume Matters

Date: \_\_\_\_\_

First morning void on Day 1: \_\_\_\_\_ ml

Do not include the volume in the calculation

Time: \_\_\_\_\_

# DAY 1

Fluid Intake

Voiding

Time	Volume	Time	Volume

Overall Fluids Intake of the day  ml

Overall Voiding Volume of the day  ml

# NIGHT 1

Fluid Intake

Voiding

Time	Volume	Time	Volume

Overall Fluids Intake of the night  ml

Overall Voiding Volume of the night  ml

Time of going to bed: \_\_\_\_\_ Time of getting up after waking up: \_\_\_\_\_

First morning void on Day 2:  ml Time: \_\_\_\_\_  
Include the volume in the calculation

## Nocturnal Polyuria index calculation (completed by the doctor)

Overall voiding volume per Night 1      First morning void on Day 2      Overall voiding volume per the first 24 hours

$(( \text{ } + \text{ } ) \div \text{ } ) \times 100 = \text{ } \%$



Please complete this 2-day voiding diary. **URINE OUTPUT:** Enter the amount of urine you passed in milliliter (ml)



**DRINKS:** Write the amount you had drink in millilitres (ml)

**Drink and eat** as usual



Date: \_\_\_\_\_



## DAY 2

Fluid Intake 		Voiding 	
Time	Volume	Time	Volume

 Overall Fluids Intake of the day	ml
 Overall Voiding Volume of the day	ml

## NIGHT 2

Fluid Intake 		Voiding 	
Time	Volume	Time	Volume

 Overall Fluids Intake of the night	ml
 Overall Voiding Volume of the night	ml

 Time of going to bed: \_\_\_\_\_  Time of getting up after waking up: \_\_\_\_\_

 First morning void on Day 3:  ml  Time: \_\_\_\_\_  
 Include the volume in the calculation

### Nocturnal Polyuria index calculation (completed by the doctor)

Overall voiding volume per Night 2	+	First morning void on Day 3	=	Overall voiding volume per the second 24 hours	÷	× 100	=	%
<input type="text"/>		<input type="text"/>		<input type="text"/>				

 **WRITE** the time going to bed. **WRITE** the time when you woke up.

Yellow boxes will be **completed by the doctor**





**EXAMPLE** of the correctly completed voiding diary

**First morning void on Day 1:** 350 ml





Do not include the volume in the calculation

**Time:** 6:30 am

## DAY 1

Fluid Intake 		Voiding 	
Time	Volume	Time	Volume
7:00 am	250 ml	8:10 am	300 ml
10:00 am	350 ml	1:30 pm	350 ml
12:40 pm	500 ml	4:00 pm	300 ml
5:00 pm	350 ml	7:30 pm	300 ml
7:00 pm	400 ml	10:30 pm	250 ml
9:30 pm	250 ml		
 Overall Fluids Intake of the day		2100 ml	
 Overall Voiding Volume of the day		1500 ml	

## NIGHT 1

Fluid Intake 		Voiding 	
Time	Volume	Time	Volume
1:05 am	100 ml	1:00 am	250 ml
		5:00 am	400 ml
 Overall Fluids Intake of the night		100 ml	
 Overall Voiding Volume of the night		650 ml	

**Time of going to bed:** 10:30 pm  **Time of getting up after waking up:** 6:30 am

**First morning void on Day 2:** 300 ml **Time:** 6:35 am

Include the volume in the calculation

### Nocturnal Polyuria index calculation (completed by the doctor)

$$\left( \left( \frac{650 \text{ ml}}{\text{Overall voiding volume per Night 1}} + \frac{300 \text{ ml}}{\text{First morning void on Day 2}} \right) \div \frac{2450 \text{ ml}}{\text{Overall voiding volume per the first 24 hours}} \right) \times 100 = 38.7\%$$

**FERRING**  
PHARMACEUTICALS

**Ferring Sdn Bhd** (977595-w)

21-6, Block B, Jaya One, No. 72A, Jalan Universiti, 46200 Petaling Jaya, Selangor.

Tel: +603 7960 3032 | Fax: +603 7960 8032 | Website: www.ferring.com