

Volume Voiding Profile Instructions

1. Before your next scheduled visit or phone interview, record the times and amounts of each urination for a **consecutive** three day period **starting on either a Thursday or a Sunday**.
2. On each day, **start at 8:00 a.m. and continue until 7:59 a.m.** the next day.
3. Place an asterisk (*) next to the times you wake up to void.
4. If you measure your urine in ounces, please place the amount in the column labeled **oz**. If you measure your urine in cc's, please place the amount in the column labeled **cc**.
5. During each day, **on the last page of this form**, please rate the pain and urgency that you have this day.
6. Please use **black ink**.

Example:

Day 1				Day 2				Day 3			
date		1-6-94		date		1-7-94		date		1-8-94	
time		oz	cc	time		oz	cc	time		oz	cc
8:12	: ₁ AM 9: ₂ PM		380	8:28	: ₁ AM 9: ₂ PM		325	10:03	: ₁ AM 9: ₂ PM		300
12:23	9: ₁ AM : ₂ PM		295	12:33	9: ₁ AM : ₂ PM		315	3:59	9: ₁ AM : ₂ PM		250
5:59	9: ₁ AM : ₂ PM		210	6:07	9: ₁ AM : ₂ PM		265	11:16	9: ₁ AM : ₂ PM		330
10:15	9: ₁ AM : ₂ PM		255	11:41	9: ₁ AM : ₂ PM		240	4:42	: ₁ AM 9: ₂ PM		175
3:24	: ₁ AM 9: ₂ PM		175	5:47	: ₁ AM 9: ₂ PM		150	7:39	: ₁ AM 9: ₂ PM		205
*				*				*			

