

DATE: ___ / ___ / _____ Circle Day: M T W TH F S Su		
Hour of Day	Volume Voided on Your Own	Post-Void Catheter Volume
12-12:59 a.m.	ml	ml
1-1:59 a.m.	ml	ml
2-2:59 a.m.	ml	ml
3-3:59 a.m.	ml	ml
4-4:59 a.m.	ml	ml
5-5:59 a.m.	ml	ml
6-6:59 a.m.	ml	ml
7-7:59 a.m.	ml	ml
8-8:59 a.m.	ml	ml
9-9:59 a.m.	ml	ml
10-10:59 a.m.	ml	ml
11-11:59 a.m.	ml	ml
12-12:59 p.m.	ml	ml
1-1:59 p.m.	ml	ml
2-2:59 p.m.	ml	ml
3-3:59 p.m.	ml	ml
4-4:59 p.m.	ml	ml
5-5:59 p.m.	ml	ml
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7-7:59 p.m.	ml	ml
8-8:59 p.m.	ml	ml
9-9:59 p.m.	ml	ml
10-10:59 p.m.	ml	ml
11-11:59 p.m.	ml	ml
Comments:		
Awake Time: _____ Bed Time: _____		



Voided Volume vs. Catheter Volume Diary

Instructions for using this Diary

If you are using either a supra-pubic catheter (S/P tube) or performing clean, intermittent, self-catheterization to empty your bladder, you may use this log to keep track of your urine output until you are emptying your bladder without special aids. At a minimum, please track and record your Post Void Residual (PVR) volumes after your last void before bedtime and your first void upon waking each morning. You will give this Diary to the Study Nurse when you return for your next UITN study visit.

Form 20A , Version 04/01/02		
Section A: General Study Information for Office Use Only		
A1. ID#: <input type="text" value="Label"/>	A2. Visit #	F/U 6 weeks.....FU6W
		F/U 3 monthsFU03
A3. Staff Initials: _____		
A4. Date Returned: ____ / ____ / _____		

The UITN is supported by cooperative agreements from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) in collaboration with the National Institute of Child Health and Human Development (NICHD)

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