Brigham Urogynecology Group
Brigham & Women's Hospital *(Main Office)*
Newton-Wellesley Hospital in Newton
1032 Main Street in South Weymouth

Patient Name: _____

Date of Birth: _____

Clinician: _____

Two Days Intermittent Self-Catheterization Diary

This chart is a record of your voiding and post-catheterization. Please complete this record and measure every void. Please bring this diary to your next visit.

Instructions:

1. Begin recording with your first morning void.
2. Measure all voids, then, post-catheterization in cc's or ounces. You can measure the amount of urine by placing a plastic bowl on the toilet seat for collection. You may also obtain a special collection bowl from our office.

Date: _____

Time (AM or PM)	**Pre-Catheterization or Amount voided** (in cc's or ounces)	**Post-Catheterization** (in cc's or ounces)

Date: _____

Time (AM or PM)	**Pre-Catheterization or Amount voided** (in cc's or ounces)	**Post-Catheterization** (in cc's or ounces)

Example:

Time (AM or PM)	**Pre-Catheterization or Amount voided** (in cc's or ounces)	**Post-Catheterization** (in cc's or ounces)
8:00am	250cc	10 cc
8:30am		
9:00am		
10:30am	150 cc	50 cc
11:15am		

Please bring this diary to your next visit!!!

(Or fax to Brigham Urogynecology Group @ 617-732-6116)

(Update: 4/16/09: EL)