Division of Urology Voiding Charts

The Children's Hospital of Philadelphia®

DIVISION OF UROLOGY

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|---|-----------|---------|------------|-------|--------------|--------|---------|----------------|-----------|--|--|
| | Week of | Wake Up | Midmorning | Lunch | Midafternoon | Dinner | Bedtime | Bowel Movement | Overnight | | |
| | Monday | | | | | | | | | | |
| | Tuesday | | | | | | | | | | |
| V | Vednesday | | | | | | | | | | |
| | Thursday | | | | | | • | | | | |
| | Friday | | | | | | | | | | |
| | Saturday | | | | | | | | | | |
| | Sunday | | | | | | | | | | |

Directions

- 1. Check the box each time you empty your bladder ($\sqrt{}$ = pee). Remember your child needs to TRY to use the bathroom every 2-3 hours, even if he doesn't feel like he has to go. To help, he could put his feet up on a stool and review relaxation techniques.
- 2. Your child should drink three _____ounce glasses of water every day. He or she should drink each glass in 5-10 minutes. Put a W in the chart each time your child drinks a glass of water.
- 3. A = accident and D = damp pants. When these things happen, mark them in the chart.
- 4. Put an X in the bowel movement box when your child has a bowel movement. If we are concerned about constipation, please describe the bowel movement. (For example, was it hard or painful to pass?) Your child can use ______ as a stool softener.
- 5. In the overnight column, please write "Dry" or "Wet."

If you are returning for a follow-up visit, it's very important to bring back your calendars so we can review them. This helps us know how your child is doing so we can adjust care. Thank you!