

**Voiding Calendar (Teens)**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

| Week of   | 6 am | 7 am | 8 am | 9 am | 10 am | 11 am | Noon | 1 pm | 2 pm | 3 pm | 4 pm | 5 pm | 6 pm | 7 pm | 8 pm | 9 pm | 10 pm | 11 pm | BM | Sleep |
|-----------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|-------|-------|----|-------|
| Monday    |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |    |       |
| Tuesday   |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |    |       |
| Wednesday |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |    |       |
| Thursday  |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |    |       |
| Friday    |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |    |       |
| Saturday  |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |    |       |
| Sunday    |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |    |       |

**Directions:**

1. Check the box each time you empty your bladder (✓ = pee). Remember you need to TRY to use the bathroom every 2-3 hours, even if you don't feel like you have to go.
2. You should drink three \_\_\_\_\_-ounce glasses of water every day. Drink each glass in 5-10 minutes. Put a W in the chart each time you drink a glass of water.
3. A = accident and D = damp pants. When these things happen, mark the calendar.
4. Put an X in the bowel movement (BM) box when you have a bowel movement. If we are concerned about constipation, please describe the bowel movement. (For example, was it hard to pass or painful?) You can use \_\_\_\_\_ as a stool softener.
5. In the "Sleep" column, please write "Dry" or "Wet".

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