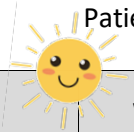


Voiding Calendar (Kids)

Patient Name: _____ Date of Birth: _____ Today's Date: _____



Week of _____	Wake Up	Midmorning	Lunch	Midafternoon	Dinner	Bedtime	Bowel Movement	Overnight
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Directions:

1. Check the box each time you empty your bladder (✓ = pee). Remember your child needs to TRY to use the bathroom every 2-3 hours, even if they don't feel like they have to go. To help, they can put their feet up on a stool and review relaxation techniques.
2. Your child should drink three _____-ounce glasses of water every day. They 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 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?) 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 is very important to bring your calendars so we can review them. The calendars help us know how your child is doing so we can adjust care.
Thank you!