

NAME: _____ GENITOURINARY LOG			
Date	Daytime Urinary Frequency (Voiding Bladder Every Hour, Between 1-2 Hours or Between 2-3 Hours?)	Nighttime Urinary Frequency (Waking up to Void Bladder how many times per night?)	Number of Times absorbent materials are changed how many times per day?
<i>Example</i>	Voiding Every Hour	5 Times	4 Times
SIGNATURE: _____		DATE: _____	

Rating Criteria for Respective Evaluation (Void Dysfunction)

60 Percent

Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than 4 times per day

40 Percent

Requiring the wearing of absorbent materials which must be changed 2 to 4 times per day

20 Percent

Requiring the wearing of absorbent materials which must be changed less than 2 times per day

Rating Criteria for Respective Evaluations (Urinary Frequency)

40 Percent

Daytime voiding interval less than one hour, or; awakening to void 5 or more times per night

20 Percent

Daytime voiding interval between one and two hours, or; awakening to void 3 to 4 times per night

10 Percent

Daytime voiding interval between two and three hours, or; awakening to void two times per night