

FREQUENCY AND VOLUME CHART

Name : _____ Date of Birth: _____

Address: _____

_____ Postcode: _____

Telephone: (Home) _____ (Work) _____

This chart is a very important in helping provide us with information that may relate to your symptoms and may be useful in making a diagnosis and providing treatment.

Please keep the diary for a minimum of 2 days and continue your normal eating/drinking patterns as well as daily activities. This will give a record of how much you normally drink (fluid intake), how much urine you pass, and how often you empty your bladder on a daily basis as well as any leakage you have. Bring this form with you when you next attend the clinic.

Please record as accurately as possible on this form the amount of fluids you drink and volume of urine you pass. Please record the fluids in mls. (Each time you pass urine you will need to catch it in a container calibrated in mls. eg a measuring jug)

What you need to do

For a minimum of 2 days and nights record how much you drink (intake) and how much urine you pass (output) - they DO NOT have to be 2 days in a row.

- Pick days which will be convenient for you to measure and record everything
- A plastic jug which measures in millilitres (mls)
- If you pass urine but cannot measure put a √ in the appropriate column

Date :-

Time	drinks	Urine	wet	Activity when wet?	Comments
01.00 1am					
02.00 2am					
03.00 3am					
04.00 4am					
05.00 5am					
06.00 6am					
07.00 7am					
08.00 8am					
09.00 9am					
10.00 10am					
11.00 11am					
12.00 12pm					
13.00 1pm					
14.00 2pm					
15.00 3pm					
16.00 4pm					
17.00 5pm					
18.00 6pm					
19.00 7pm					
20.00 8pm					
21.00 9pm					
22.00 10pm					
23.00 11pm					
24.00 12am					

Date :-

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