**

**Frequency and Volume Chart**

This chart is an important part of your assessment with your health practitioner. It will help provide them with information about your symptoms and may be useful in reaching a diagnosis and providing treatment.

Please keep the diary for at least 3 days and continue your normal eating/drinking patterns as well as usual daily activities. This will give a record of how much you drink (fluid intake), how much urine/wee you pass, and how often you wee on a daily basis as well as any leakages you have.

Please record as accurately as possible what you drink and amount of urine/wee you pass. Please record the fluids in millilitres (1 fluid ounce = 30ml).

**What you need to do**

Record how much you drink (intake) and how much urine/wee you pass (output) - they DO NOT have to be 3 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) or fluid ounces (oz)
* If you pass urine but cannot measure, put a ✓or 🗶 in the appropriate column.

Non completion of this form may result in a delay in your assessment. Your support is much appreciated.

Day 1 = Date…………………………………………………..

|  |  |
| --- | --- |
| MORNING/AFTERNOON | EVENING/NIGHTIME |
|  | Amount drank & drink type | Patient toileted and volume passed | Leak urine or pad change |  | Amount drank & drink type | Patient toileted and volume passed | Leak urine or pad change |
|  |  |
| **EXAMPLE** | **TEA****150mls** | **250mls** | ✓ | **EXAMPLE** | **Coffee****300mls** | **130mls** | 🗶 |
| 6 AM |  |  |  | 6 PM |  |  |  |
| 7 AM |  |  |  | 7 PM |  |  |  |
| 8 AM |  |  |  | 8 PM |  |  |  |
| 9 AM |  |  |  | 9 PM |  |  |  |
| 10 AM |  |  |  | 10 PM |  |  |  |
| 11 AM |  |  |  | 11 PM |  |  |  |
| 12 PM |  |  |  | 12 PM |  |  |  |
| 13 PM |  |  |  | 1 AM |  |  |  |
| 14 PM |  |  |  | 2 AM |  |  |  |
| 15 PM |  |  |  | 3 AM |  |  |  |
| 16 PM |  |  |  | 4 AM |  |  |  |
| 17 AM |  |  |  | 5 AM |  |  |  |

Day 2 = Date…………………………………………………..

|  |  |
| --- | --- |
| MORNING  | AFTERNOON AND EVENING  |
|  | Amount drank & drink type | Patient toileted and volume passed | Leak urine or pad change |  | Amount drank & drink type | Patient toileted and volume passed | Leak urine or pad change |
|  |  |
| **EXAMPLE** | **TEA****150mls** | **250mls** | ✓ | **EXAMPLE** | **Coffee****300mls** | **130mls** | 🗶 |
| 1 AM |  |  |  | 1 PM |  |  |  |
| 2 AM |  |  |  | 2 PM |  |  |  |
| 3 AM |  |  |  | 3 PM |  |  |  |
| 4 AM |  |  |  | 4 PM |  |  |  |
| 5 AM |  |  |  | 5 PM |  |  |  |
| 6 AM |  |  |  | 6 PM |  |  |  |
| 7 AM |  |  |  | 7 PM |  |  |  |
| 8 AM |  |  |  | 8 PM |  |  |  |
| 9 AM |  |  |  | 9 PM |  |  |  |
| 10 AM |  |  |  | 10 PM |  |  |  |
| 11 AM |  |  |  | 11 PM |  |  |  |
| 12 AM |  |  |  | 12 PM |  |  |  |

Day 3 = Date…………………………………………………..

|  |  |
| --- | --- |
| MORNING  | AFTERNOON AND EVENING  |
|  | Amount drank & drink type | Patient toileted and volume passed | Leak urine or pad change |  | Amount drank & drink type | Patient toileted and volume passed | Leak urine or pad change |
|  |  |
| **EXAMPLE** | **TEA****150mls** | **250mls** | ✓ | **EXAMPLE** | **Coffee****300mls** | **130mls** | 🗶 |
| 1 AM |  |  |  | 1 PM |  |  |  |
| 2 AM |  |  |  | 2 PM |  |  |  |
| 3 AM |  |  |  | 3 PM |  |  |  |
| 4 AM |  |  |  | 4 PM |  |  |  |
| 5 AM |  |  |  | 5 PM |  |  |  |
| 6 AM |  |  |  | 6 PM |  |  |  |
| 7 AM |  |  |  | 7 PM |  |  |  |
| 8 AM |  |  |  | 8 PM |  |  |  |
| 9 AM |  |  |  | 9 PM |  |  |  |
| 10 AM |  |  |  | 10 PM |  |  |  |
| 11 AM |  |  |  | 11 PM |  |  |  |
| 12 AM |  |  |  | 12 PM |  |  |  |