

**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.

Bring this form with you when you next attend the clinic. Please record as accurately as possible what you drink and amount of urine/wee you pass. Please record the fluids in millitres (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.

Day 1 = Date…………………………………………………..

|  |  |
| --- | --- |
| MORNING | AFTERNOON AND EVENING  |
|  | Amount drank & drink type | Volume of urine passed | Leak urine or pad change |  | Amount drank & drink type | Volume of urine 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 2 = Date…………………………………………………..

|  |  |
| --- | --- |
| MORNING  | AFTERNOON AND EVENING  |
|  | Amount drank & drink type | Volume of urine passed | Leak urine or pad change |  | Amount drank & drink type | Volume of urine passed | Leak urine or pad change |
|  |  |
| **EXAMPLE** | **TEA****150mls** | **250mls** | **YES** | **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 | Volume of urine passed | Leak urine or pad change |  | Amount drank & drink type | Volume of urine passed | Leak urine or pad change |
|  |  |
| **EXAMPLE** | **TEA****150mls** | **250mls** | **YES** | **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 |  |  |  |