

Frequency/Volume Chart

Please complete the confidential form below as accurately as you can. It is a vital part of the investigation of your problem,

Please use the columns below to write down the **TIME** and the **AMOUNT** passed **EVERY TIME YOU PASS WATER**. Use any jug, preferably measuring millilitres (mls), but fluid ounces will do. If it is a very inconvenient to measure the amount, (for example – at work) just write down the time. However, the more information you can provide the more useful it is.

If you wet yourself at an anytime write down the time and put the letter **'W'** IN THE **'AMOUNT'** column. If you wear pads enter the number each day in the box at the bottom. Use the bottom columns to record the times you are woken up by the need to pass water. The example below shows how this form should be filled in.

F/V Chart Name.....

Day 1		Day 2		Day 3	
Time	Amount	Time	Amount	Time	Amount
10.30	W				
12.45	120				
14.30	180				
17.30	300				
Night Time					
2.30	180				
4.25	2.30				

Pads used

IF YOU ARE COMING FOR URODYNAMICS INVESTIGATION OR TO THE FLOW CLINIC PLEASE COME FOR THE TEST WITH A COMFORTABLE BLADDER

Frequency Volume Chart

Name:..... Hospital Number:..... Average daily fluid intake

Cups/Mugs.....

Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Time	Amount	Time	Amount	Time	Amount	Time	Amount	Time	Amount	Time	Amount	Time	Amount

NIGHT TIME (WHEN YOU HAVE BEEN WOKEN FROM SLEEP TO PASS WATER)

--

Pads