

FREQUENCY VOLUME CHART

Surname:
First Name:
Hospital Number:
NHS Number:
DOB:
<i>Affix patient label here</i>

Please complete the confidential form **overleaf** as accurately as you can. If you are coming for Urodynamics or the flow clinic please come for the test with a partially full bladder.

Instructions - Before starting to fill in the chart you will need a small plastic measuring jug in which to measure your urine. Please try to record at least 3 days and nights together so we obtain the best example of how your bladder typically behaves.

Type of drink - please write what sort of drink you had in this column (e.g. tea, coffee, water, alcohol).

Amount of drink – Before you start please measure the amount of fluid your usual cup/mug or glass holds, make a note of it then you do not have to measure every time you have a drink.

Amount of urine passed - Every time you pass urine, measure the amount in the measuring jug and write it down in the space provided. It is important to record the amount of urine passed during the night time as well as the day time, so if you are able please enter your night time voids in the appropriate column. If you have a urinary leak at any time write down the time and put a 'L' in the 'Amount of urine' column. If you are unable to measure in a jug, put a tick (✓) in the same column and write down the time.

Pads changed - Please note down every time you have to change your pad in the spaces at the bottom of the chart.

Sleep Pattern – Please write down when you go to sleep and when you wake. Please note when you have been woken to pass urine.

EXAMPLE

DAY 1			
TIME	Type of Drink	Amount of drink	Amount of urine
<i>Wake 6.15am</i>	-	-	<i>220mls</i>
<i>6.45 am</i>	<i>Tea</i>	<i>200mls</i>	-
<i>9.45am</i>	-	-	<i>300mls</i>
<i>11.30am</i>	<i>Coffee</i>	<i>250mls</i>	-
<i>1.30pm</i>	-	<i>W</i>	-
<i>4.30pm</i>	<i>Water</i>	<i>300mls</i>	-
<i>7.30pm</i>	-	-	<i>250mls</i>
<i>8.45pm</i>	<i>Milk</i>	<i>200mls</i>	-
<i>Bed 10.30pm</i>	-	-	<i>275mls</i>

