**** **Name…………………….....**

 **Time and Volume Chart**

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| --- | --- | --- | --- | --- |
| DAY 1 - TIME | URINE (mL) | DRINK (mL) | KIND OF DRINK | NOTES |
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| DAY 2 - TIME | URINE (mL) | DRINK (mL) | KIND OF DRINK | NOTES |
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| INSTRUCTIONSCould you please complete this over 2 days. The most convenient time for this may be over the weekend. |

**Time**: Each time you do a “wee” or have a drink, or if you leak a bit of “wee”, you must write it with the exact time down eg. 8.00am – 100mls.

**Urine Passed**: How much you wee or leak (in mL)

**Drinks**: How much you drink. If you use “cups” could you measure how many mL are in your standard cup. It may be easier to buy a cheap plastic measuring cup.

**Kind of Drink:** The ingredients of some drinks irritate the bladder, e.g. cola, tea, coffee.

**Wee**: When you go to the toilet, measure how much “wee” comes out. Boys can use a measuring jug and girls can use an old ice cream container place in the toilet (then poured into a measuring jug). Remember to measure if you get up at night-time.

**If you wet the bed use pull-ups:** For 2 nights, weigh 2 pull-ups (wet and dry). This indicates how much urine is being passed during the night. You must also measure your first “wee” the next morning. What you “wee” into your pull-ups, plus your first morning “wee” indicates the amount of urine your kidney makes overnight.

**Bowels**: Use your separate bowel chart. Write in the bowel chart the time and number of your bowel motions for one week.

**Note if:**

1. The urine burns or stings
2. You have to go a lot of times per day
3. You leak (small, medium, large) or if the urine leaves a stain on your underwear.
4. You have a bowel action at the same time as you wee.