



## Frequency Volume Chart

Name:

Date commenced:

Instructions: Each time you pass urine, measure and write this on the chart. If unable to measure, such as if using a public toilet, or at the time of opening your bowels, place a tick in the column.

Record the time of taking any diuretic (water tablet).

Please record bedtime and the time you get up for the day.

	Day 1	Day 2	Day 3
12am			
1am			
2am			
3am			
4am			
5am			
6am			
7am			
8am			
9am			
10am			
11am			
12pm			
1pm			
2pm			
3pm			
4pm			
5pm			
6pm			
7pm			
8pm			
9pm			
10pm			
11pm			

For consultant use:

Number of voids each day	
Number of voids each night	
Maximum void	