

## FREQUENCY VOLUME CHART

Name: \_\_\_\_\_

Date commenced: \_\_\_\_\_

The name of any prescribed diuretic (water tablet) you take: \_\_\_\_\_

What time do you take the above medicine (if any): \_\_\_\_\_

What time is bedtime? \_\_\_\_\_

What time do you get up for the day? \_\_\_\_\_

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.

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

For Assessors use:

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