



## FREQUENCY VOLUME CHART

Please fill in this chart as accurately as you can. It will give us valuable information about how your bladder is working and help us to select the best treatment for you.

Complete for any **TWO** days before your next appointment. It will show us:

- a. The amount and types of drinks you are drinking and at what time of the day/night.
- b. The amount of urine your bladder can hold at each void.
- c. When you have wetting episodes and what is causing them.
- d. What sensation is in your bladder when you want to go to the toilet?

## INSTRUCTIONS

- Buy a plastic measuring jug that has **mls** marked on the side.
- Record the type of drinks you are having e.g. water or coffee and the amount in mls.
- Every time you empty your bladder, sit on the toilet and pass urine directly into the jug. **Record the amount in mls.** Please include urine passed during the night.

If you are out, put a tick in the box to show you have emptied your bladder.

- Under the urge column, write the number that best describes your bladder sensation at the time you decided to go to toilet
- **0 No sensation**, can delay a long time
- **1** Some sensation of urine but no desire to void, **can wait 1 hour**
- **2** Mild to moderate desire to void, **can wait 30 minutes**
- **3** Strong desire to void and **can wait 15 minutes**
- **4** Urgent desire to go and **UNABLE to wait for 5 mins**
- If you experience pain in the bladder when you hold on, tick the pain column.
- Record any WETTING accidents or leaks. Please tick to indicate the day and time it occurred and record what you were doing at the time. E.g. coughing, walking, on the way to the toilet, sensation of urgency.

If you have any queries please telephone your Physiotherapist \_\_\_\_\_  
on 8171787.

### Bladder Record Chart (Frequency and Volume)

Day one What time did you get up?					What time did you go to bed?		
	Type of drink	Amount of fluid in mls	Urge 1-4	Pain?	Amount of urine passed in mls	Wet ?	What made you leak
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							
12 pm							
1 am							
2 am							
3 am							
4 am							
5 am							
Total							

Day Two What time did you get up?					What time did you go to bed?		
	Type of drink	Amount of fluid n mls	Urge 1-4	Pain?	Amount of urine passed in mls	Wet ?	What made you leak
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							
12 pm							
1 am							
2 am							
3 am							
4 am							
5 am							
Total							