**Children’s Frequency and Volume Chart**

Please fill in the chart for 4 days. These do not have to be 4 consecutive days. It may be easier for you to do it at the weekend or during the school holidays, but it must be for the complete waking hours of each day you have chosen.

Try to keep to your (or your child’s) normal routine as closely as possible, so that we have a record of how much and how frequently you/your child drinks and how much you/he/she makes, being as accurate as you can with the measurements. A plastic jug that measures in millilitres left in the bathroom is ideal for this.

**P/ease remember to bring it with you when you come for your next appointment.** The nurse will make a decision on the best treatment for your child based on the information which you record.

**If the chart is not returned at your next clinic visit treatment will be delayed.**

**If relevant, please use the code at the bottom of the page to describe how wet pants are**

|  |  |
| --- | --- |
| **Name:** | **Date of birth:** |
|  | **Date - (Day One)** | **Date - (Day Two)** | **Date - (Day Three)** | **Date - (Day Four)** |
| **Time** | **Drink/mL** | **Wee/mL** | **Pants** | **Drink/mL** | **Wee/mL** | **Pants** | **Drink/mL** | **Wee/mL** | **Pants** | **Drink/mL** | **Wee/mL** | **Pants** |
| **7 AM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **8 AM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **9 AM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **10 AM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **11 AM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **12 Midday** |  |  |  |  |  |  |  |  |  |  |  |  |
| **1 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **6 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **7 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **8 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **9 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **10 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **11 PM** |  |  |  |  |  |  |  |  |  |  |  |  |
| **12 Midnight** |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **1 = Drops/Damp** | **2 = Wet/Soaked** | **3 = Emptied Bladder** |