UROLOGY SYDNEY
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TIME AND VOLUME RECORD

COULD YOU PLEASE COMPLETE THIS OVER 2 DAYS

TIME: Write down the time that you drink, pass urine or have anything to note. This can include what you were doing when the symptoms occur, e.g. urgency when putting the key in door.

URINE PASSED: How much you wee or leak (in mL)

DRINKS: How much you drink. If you use 'cups' could you determine how many mL are in your standard cup.

NOTES: e.g. urgency, burning, leakage (stain only, small, moderate, large), bowel action

TIME	DRINK (mL)	URINE (mL)	NOTES

DAY 1

TIME	DRINK (mL)	URINE (mL)	NOTES

DAY 2