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 you were doing when the symptoms occur, e.g. urgency when putting the key in door.
URINE PASSED: How much you urinate or leak (in mL)

DRINKS: How much you drink. If you use a cup could you determine how many ml are in your standard cup.
NOTES: e.g. Urgency, burning, leakage (stain only, small, moderate, large), bowel action

DAY 1

TIME	DRINK (mL)	URINE (mL)	NOTES

[Type text]

DAY 2

TIME	DRINK (mL)	URINE (mL)	NOTES