

Frequency, urgency and Incontinence Chart

	Day 1				Day 2				Day 3			
	IN	OUT	Urge	Leak	IN	OUT	Urge	Leak	IN	OUT	Urge	Leak
				S U				S U				S U
09.00-10.00												
10.00-11.00												
11.00-12.00												
12.00-13.00												
13.00-14.00												
14.00-15.00												
15.00-16.00												
16.00-17.00												
17.00-18.00												
18.00-19.00												
19.00-20.00												
20.00-21.00												
21.00-22.00												
22.00-23.00												
23.00-24.00												
24.00-01.00												
01.00-02.00												
02.00-03.00												
03.00-04.00												
04.00-05.00												
05.00-06.00												
06.00-07.00												
07.00-08.00												
08.00-09.00												
Total												
<i>Waking</i>				am				am				am
<i>Retiring</i>				pm				pm				pm

Pleased record to the nearest hour

IN: Please tick the box every time you drink

OUT: Please tick the box every time you pass water

Urge: Please tick the box every time you experience an **intense** desire to pass water

Leak S: Please tick the box every time you experience a leak of urine after coughing, sneezing or any other activity

Leak U: Please tick the box every time you experience a leak of urine before you can reach a toilet when you have an intense desire to pass urine.

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