



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Sae Abertawe
Swansea Bay University
Health Board

CONTINENCE SERVICE VOIDING CHART

Please complete this confidential form as honestly and accurately as possible and bring it with you when you come to the Clinic.

Note the time you pass water. Measure the amount passed using any measuring jug, or any suitable container that can be used in the toilet and transferred into a measuring jug.

Write down the time and the amount in ccs or mls.

If you wet yourself write down the time and write the letter **W** in the amount column.

Please keep the chart for any three days.

Please also record the fluids that you drink. Try to indicate the amount AND the type of fluid e.g: 3 glasses of water / 4 cups of tea.

An example of how your chart might look is given below.

NAME: MARGE SIMPSON HOSPITAL NO: 012345

DATE	DAY 1			DAY 2			DAY 3		
	TIME	AMOUNT	FLUIDS	TIME	AMOUNT	FLUIDS	TIME	AMOUNT	FLUIDS
DAY	7:00	150ml	2 cups tea						
	10:30	250	1 cup coffee						
	4:00	200	1 glass water						
	6:00	W							
	11:00	200	1 cup tea						
NIGHT	2:00	200							
TOTAL		800ml							

**CONTINENCE SERVICE
VOIDING CHART**

NAME:

HOSPITAL NO:

DATE	DAY 1			DAY 2			DAY 3		
	TIME	AMOUNT	FLUIDS	TIME	AMOUNT	FLUIDS	TIME	AMOUNT	FLUIDS
DAY									
NIGHT (disturbed during sleep)									
TOTAL									