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## FREQUENCY VOLUME CHART

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Name:

Day						
Time	Drinks		Urine			leaks
	Type	How much	How urgent	How much	Comments	Yes/no
<i>Example.</i>	<i>tea</i>	<i>250mls</i>	<i>1-3 (3 =most)</i>	<i>100mls</i>	<i>Sudden loss with pain</i>	<i>yes</i>
6-7am						
7-8am						
8-9am						
9-10am						
10-11am						
11- midday						
12-1pm						
1-2pm						
2-3pm						
3-4pm						
4-5pm						
5-6pm						
6-7pm						
7-8pm						
8-9pm						
9-10pm						
10-11pm						
11- midnight						
12-1am						
1-2am						
2-3am						
3-4am						
4-5am						
5-6am						
<b>TOTAL</b>						

Please complete 3 charts one for each day (choose any 3 days to suit you).

Use a measuring jug or plastic/paper cup that you can measure volume in.

Please either email this form to the address above or bring your chart to the appointment.