

Input and Output Chart



The Leeds
Teaching Hospitals
NHS Trust

Patient's Name	Consultant
Date of Birth	Date
Address	
.....	
.....	

Complete this chart on 3 consecutive days. There are 3 columns for each day.

DRINKS - Whenever you have a drink, write what you drink and the volume opposite the time, e.g. 200 ml Tea / Coffee / Water, etc.

URINE - Whenever you pass urine, do it into a measuring jug and record the amount in millilitres if possible. If measuring is impossible just place a tick (e.g. if not at home). Record when you go to bed.

LEAKAGE - Whenever you accidentally leak urine.

Record:	N - Nearly wet
	D - Just a dribble, less than a fifty pence size damp patch
	W - Knickers wet
	S - Soaking wet, through to outer clothing or pad soaked

Also write what made you leak: Urge (couldn't hold on) or, Exertion (cough, sneeze, lifting etc)

	DAY 1			DAY 2			DAY 3		
	Drinks	Volume of Urine	Leakage	Drinks	Volume of Urine	Leakage	Drinks	Volume of Urine	Leakage
6.00 am									
7.00 am									
8.00 am									
9.00 am									
10.00 am									
11.00 am									
12.00 noon									
1.00 pm									
2.00 pm									
3.00 pm									
4.00 pm									
5.00 pm									
6.00 pm									
7.00 pm									
8.00 pm									
9.00 pm									
10.00 pm									
11.00 pm									
Midnight									
1.00 am									
2.00 am									
3.00 am									
4.00 am									
5.00 am									
TOTAL									

Name: Date: Signature: