Input/Output Chart

Name:

Start Date:

For 3 consecutive days please record as accurately as possible the amount of fluid you drink in the 'In' column, and the amount of urine you pass in and 'Out' column by measuring the volume in millilitres (ml).

Please also record any urinary leakage by indicating in the Leak Column whether you are: **D** - **D**amp, **W** - **W**et, **S** - **S**oaking.

Each day please mark **A** next to the box for the time that you get up and
B next to the box for the time that you go to bed

Time	**Day 1**			**Day 2**			**Day 3**		
Start	In	Out	Leak	In	Out	Leak	In	Out	Leak
6am									
7am									
8am									
9am									
10am									
11am									
12pm									
1pm									
2pm									
3pm									
4pm									
5pm									
6pm									
7pm									
8pm									
9pm									
10pm									
11pm									
12am									
1am									
2am									
3am									
4am									
5am									