

PATIENT INFORMATION

Frequency Volume Chart

Urology

How to complete the frequency volume chart

The frequency volume chart (FVC) is designed to assess how often you pass urine during the day and night. It will help your healthcare professional to diagnose and treat the symptoms of your overactive bladder and monitor the effects of treatment.

The FVC should be completed over 3 consecutive and fairly typical days (choose any 3 days to suit you). Most people find that a Friday and the weekend are the best days for completing the chart.

It is essential that you complete the chart as fully as possible and bring it with you to your next review appointment with your healthcare professional.

What you will need to fill in the chart

- You will need a measuring jug to measure the urine you pass. The should be measured (calibrated) in millilitres (mL) and should hold at least 500mL.

How you should fill in the chart

- Every time you have a drink, record what type of drink it is, for example, coffee, and how much you have had, for example a cup, mug or can, as shown in the below example.
- Each time you pass urine you will need to urinate into your jug. This is so that you can measure how much urine you have passed. Write down the appropriate amount, for example, 150mL, in the correct timeslot on the chart.
- Please also record how urgently you needed to urinate using a scale of 1 to 3 where:
 1. You felt urgency to urinate but you could easily tolerate it.
 2. You needed to urinate so urgently it interfered with your ability to carry out everyday activities.
 3. You needed to urinate very urgently which caused you discomfort and abruptly stopped you from doing your everyday activities.
- If you had an accidental urine leak before you could get to the toilet, please indicate YES, as shown in the example line. If not, please indicate NO.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

Day 1					Day 2					Day 3							
Time	Drink		Urine		Accidental leak Y/N	Time	Drink		Urine		Accidental leak Y/N	Time	Drink		Urine		Accidental leak Y/N
	What kind?	How much?	How urgent?	How much?			What kind?	How much?	How urgent?	How much?			What kind?	How much?	How urgent?	How much?	
Example	Coffee	2 cups	1 - 3	25mL	Yes	Example	Coffee	2 cups	1 - 3	25mL	Yes	Example	Coffee	2 cups	1 - 3	25mL	Yes
6-7am						6-7am						6-7am					
7-8am						7-8am						7-8am					
8-9am						8-9am						8-9am					
9-10am						9-10am						9-10am					
10-11am						10-11am						10-11am					
11-12pm						11-12pm						11-12pm					
12-1pm						12-1pm						12-1pm					
1-2pm						1-2pm						1-2pm					
2-3pm						2-3pm						2-3pm					
3-4pm						3-4pm						3-4pm					
4-5pm						4-5pm						4-5pm					
5-6pm						5-6pm						5-6pm					
6-7pm						6-7pm						6-7pm					
7-8pm						7-8pm						7-8pm					
8-9pm						8-9pm						8-9pm					
9-10pm						9-10pm						9-10pm					
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2-3am						2-3am						2-3am					
3-4am						3-4am						3-4am					
4-5am						4-5am						4-5am					
5-6am						5-6am						5-6am					