

Stick on patient label or fill out the following:

SCH hospital number:

Surname:

Forename:

Date of birth:

Sex:                      Postcode:

NHS number:

Please bring this chart with you to  
your clinic appointment.

We would like to find out how much your child's bladder holds.

To do this, we need your child to wee into a measuring jug **when they have the feeling that their bladder is full.**

Please do not measure the first wee on a morning.

Take 2 to 3 measurements in a week, and only measure once in a day.

Date	Volume (mls)

