eVoiding Record Form

Please print out this form and follow below instructions.

Instructions:

- Please record the time, frequency and volume of your voiding on a daily basis.
- Please pick any three days to complete this record. These three days do not need to be consecutive.
- Please pick days that suit you the most, e.g. weekend or holidays
- Please measure voiding volume using a "urine measuring cup"* in order to get an accurate record.
- After completing three days record, please go to www.night-toilet.com.hk/chi/treatment_planner.html and enter your record online. Your result will be generated automatically online.

(*Some of the clinics can provide "urine measuring cup" to you. Please go to Doctors View and contact the concerned clinics. Otherwise, you can use a 1.25L soft drink bottle to estimate the amount, e.g. 1/3 of the bottle is about 400ml.)

DAY 1

Date:

DAY RECORD				NIGHT RECORD (Including the first time after sleep)			
Time	Volume (ml)	Accumulated Volume (ml)	Note	Time	Volume (ml)	Accumulated Volume (ml)	Note
			Last time before sleep				First time after sleep
Total Day Volume				Total Night Volume			

This information is provided by Night-Toilet.com.hk. Any other commercial use is not allowed without prior approval.

DAY 2
Date:

DAY RECORD				NIGHT RECORD (Including the first time after sleep)			
Time	Volume (ml)	Accumulated Volume (ml)	Note	Time	Volume (ml)	Accumulated Volume (ml)	Note
			Last time before sleep				First time after sleep
Total Day Volume				Total Night Volume			

DAY 3
Date:

DAY RECORD				NIGHT RECORD (Including the first time after sleep)			
Time	Volume (ml)	Accumulated Volume (ml)	Note	Time	Volume (ml)	Accumulated Volume (ml)	Note
			Last time before sleep				First time after sleep
Total Day Volume				Total Night Volume			

This information is provided by Night-Toilet.com.hk. Any other commercial use is not allowed without prior approval.