

## How do I fill in this calendar?

**You need to complete it every day for at least 3 or 4 days, and don't forget to keep track of the time.**

**Use one page for each day (24 hours). It's important to start as soon as you get up in the morning and stop as soon as you get up the next day.**

**Time:** Note the time of urination (passing urine) as well as the time you had a drink.

**Volume of urine:** Use a graduated container to collect the urine. In exceptional cases, if you urinate without being able to collect the urine, indicate this in the same column by placing an x.

**Feeling the need to urinate:** Depending on how you feel, indicate 0 to 4 when you went to the toilet:

0: you don't feel the need to urinate, but you have gone to the toilet as a precaution, for example just before going out or for fear of not being able to find water.

toilets.

1: You have a normal urge to urinate without urgency.

2: You have a pressing need, but it's gone before you get to the toilet.

3: You have an emergency, but you were able to get to the toilet without leaking.

4: You have an emergency, but you haven't made it to the toilet in time and have passed urine.

**Urine leakage:** Indicate whether you experience urine leakage, quantifying the volume (+, ++ or +++). You may add a comment to specify the circumstances (e.g. going to the toilet, coughing, etc.).

**Volume of drinks:** Note the volume of liquids taken in over the day. Soups also count as drinks. 1dl = coffee cup

2 dl = glass of water

3 dl = tea mug or bowl

**Type of beverage:** Note the type of beverage consumed: tea, coffee, still or sparkling water, soft drinks, wine, beer, soup, etc.

Raise	
Bedtime	

[illegible]

Patient	
Day 2	

[illegible]

Patient	
Day 3	

[illegible]

Patient	
Day 4	

[illegible]