

CHART 4

**Chart for your drinks and wees**

(Please complete for 4 days)

**Child’s Name:** …………………………………… **Date of Birth:** …………………………………….

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day 1** |  | Date: |  | **Day 2** |  | Date: |  |
| Time | Size of **drink** in mls | Time | Size of **wee** in mls | Time | Size of **drink** in mls | Time | Size of **wee** in mls |
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**Chart for your drinks and wees**

(Please complete for 4 days)

**Child’s Name:** …………………………………… **Date of Birth:** …………………………………….

CHART 4a

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day 3** |  | Date: |  | **Day 4** |  | Date: |  |
| Time | Size of **drink** in mls | Time | Size of **wee** in mls | Time | Size of **drink** in mls | Time | Size of **wee** in mls |
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**TOP TIPS FOR COMPLETING 4 DAY CHART**

To help with your child’s assessment, we need a record of everything your child drinks and wees for 4 days. This must be 4 complete days whether separate or all together it does not matter. Most people choose to do over two weekends, as this information is difficult to obtain whilst at school.

 **DRINKS**

* Give drinks in the same cup. Measure the amount of fluid this cup will hold - you then only need to measure the cup in millimetres (mls) once.
* Write down the time the drink was consumed.
* Write down the amount in mls that was consumed.
* Write down the type of drink your child has consumed.

 **WEES **  

* Use an old or cheap plastic measuring jug.
* Your child needs to wee in the jug rather than the toilet so the amount of wee can be measured. Write down the amount on the chart in mls.
* Please write down the time of each wee.

**PLEASE REMEMBER TO FILL IN YOUR CHILD’S NAME AND DATE OF BIRTH ON THE CHARTS**



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