

# The Uflow meter for Gauging the Peak Flow Rate of Urine

## Patient Flow Rate Diary

Using the Uflow meter to **assess** your flow rate.

Please take recordings of your flow rate of urine twice a day for 12 days, this should be within a 2 week period but does not have to be on consecutive days where personal circumstances make it difficult to do so.

Please enter this information in the table below as well as the volume of urine passed on each occasion.

Flow rate should be recorded as: bottom, middle, top, cup (see instruction sheet on front).

Volume passed should be recorded in milliliters (ml).

**Please record 1 morning void and 1 evening void with a minimum of 6 hours inbetween.**

Using the Uflow meter to **monitor** your flow rate

You can use the Uflow meter at regular intervals i.e. if you have a urethral stricture. This frequency of checking your flow rate can be discussed with your clinician.

| DAY           | FIRST VOID |               | SECOND VOID |               |
|---------------|------------|---------------|-------------|---------------|
|               | Flow Rate  | Volume Passed | Flow Rate   | Volume Passed |
| Example Day 1 | Top        | 300ml         | Middle      | 200ml         |
| Day 1         |            |               |             |               |
| Day 2         |            |               |             |               |
| Day 3         |            |               |             |               |
| Day 4         |            |               |             |               |
| Day 5         |            |               |             |               |
| Day 6         |            |               |             |               |
| Day 7         |            |               |             |               |
| Day 8         |            |               |             |               |
| Day 9         |            |               |             |               |
| Day 10        |            |               |             |               |
| Day 11        |            |               |             |               |
| Day 12        |            |               |             |               |

**Note: This product should not be shared between patients.**