## Child's name : \_\_\_\_\_

## Intake/Output Chart

Date : \_\_\_\_\_

Time	Drinks volume	Drinks type	Urine Volume	Nappy/ pad/pants - damp/wet/ soaking	Stools quantity - small/ medium/ large	Stool type - Bristol stool number	Where were stools passed?	
							Into nappy/ pad/pants?	Into toilet/ potty?
7am								
8am								
9am								
10am								
11am								
12pm								
1pm								
2pm								
3pm								
4pm								
5pm								
6pm								
7pm								
8pm								
9pm								
10pm								
Night Time (tick)								
Totals								