

Bladder Record Chart

Name:

NHS Number:

Date of Birth:

Instructions

Please read carefully

This chart will help your doctor or nurse assess how your bladder functions throughout the day so that he or she can accurately diagnose and treat your condition.

Please complete the chart as accurately as possible for 3 days and give the completed chart to your doctor or nurse at your next appointment.

Fluid intake

How much did you drink?

Each time you have a drink record against the corresponding hour of the day or night how much you have drunk. To do this, measure the volume of your usual cup, glass or mug (in millilitres) and estimate the fluid you drank by always using the same cup.

What did you drink?

In this column record what you drank, i.e. coffee, tea, water, beer etc.

Urine passed

How much urine did you pass?

In this column record the amount or volume of urine passed against the corresponding hour of the day or night. You will need to buy a plastic measuring jug from the supermarket or chemist for this.

Did you have a strong, sudden urge to go to the toilet?

In this column record if you experience a strong, sudden urge to go to the toilet immediately and it felt impossible to delay the need to pass urine.

Pads

Weigh a clean pad in grams and then when you change your pad, weigh the full pad in grams and document on the diary in grams under the pad's column.

Leakages

Did you have an accident and how severe was it?

If you were unable to make it to the toilet in time, causing urine to leak, record how severe the accident was by recording:

D= damp; W=wet or V=very wet.

If you wear a pad, record when you changed it with an asterisk *

DAY 1

TIME	FLUID INTAKE		URINE PASSED		LEAKAGES
	How much did you drink?	What did you drink?	How much urine did you pass?	Did you have a strong, sudden urge to go to the toilet?	If you had an accident how severe was it? D=damp W=wet V=very wet *= pad change
	<i>Example</i>	<i>200ml</i>	<i>Water</i>	<i>100ml</i>	<i>No</i>
6am					
7am					
8am					
9am					
10am					
11am					
12 noon					
1pm					
2pm					
3pm					

4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12 midnight					
1am					
2am					
3am					
4am					
5am					

Day 2 and 3 are overleaf

DAY 2

TIME	FLUID INTAKE		URINE PASSED		LEAKAGES
	How much did you drink?	What did you drink?	How much urine did you pass?	Did you have a strong, sudden urge to go to the toilet?	If you had an accident how severe was it? D=damp W=wet V=very wet *= pad change
	<i>Example</i>	<i>200ml</i>	<i>Water</i>	<i>100ml</i>	<i>No</i>
6am					
7am					
8am					
9am					
10am					
11am					
12 noon					
1pm					
2pm					
3pm					

4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12 midnight					
1am					
2am					
3am					
4am					
5am					

DAY 3

TIME	FLUID INTAKE		URINE PASSED		LEAKAGES
	How much did you drink?	What did you drink?	How much urine did you pass?	Did you have a strong, sudden urge to go to the toilet?	If you had an accident how severe was it? D=damp W=wet V=very wet *= pad change
	<i>Example</i>	<i>200ml</i>	<i>Water</i>	<i>100ml</i>	<i>No</i>
6am					
7am					
8am					
9am					
10am					
11am					
12 noon					
1pm					
2pm					
3pm					

4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12 midnight					
1am					
2am					
3am					
4am					
5am					