Last Name:

First Name:

or Patient label

DOB:

Patient Number:

Bladder Record Chart



	Day 1				Day 2				Day 3				Fluid Intake			
Time	F	U	I	Т	D	F	U	I	Т	D	F	U	I	Т	D	U Urine Passe
6am																Incontinent
7am																- Incontinent
8am																T Time to Bed
9am																
10am																
11am																Comments / Special Instructions
12noon																
1pm																
2pm																
3pm																
4pm																
5pm																
6pm																
7pm																
8pm																
9pm																
10pm																
11pm																
12 Midnight																
1am																
2am																
3am																
4am																
5am																

Instructions

Please read carefully

This chart is designed to help assess how your bladder functions throughout the day and night. By filling this chart in correctly you will help us to diagnose your condition.

This chart should be filled in over 3 days. If your Consultant or GP require you to complete this chart for a longer period of time you will be give additional sheets. Please date the sheets if you use more than one. It may useful to have your Bladder Record Chart on a clipboard so that you can write clearly and the chart will not get lost or damaged.

F Fluid Intake

In this column you record how much you drink, i.e. water, tea, coffee, alcohol, fizzy pop.

Each time you have a drink please record the quantity against the corresponding hour of the day. You may find it easier to measure how much a cup or mug holds in mls and estimate the fluid drank by always using the same cup size if possible.

Urine Passed

In this column you record the amount of urine you pass.

Each time you urinate record the volume of urine in mls against the corresponding hour of the day. For this you will need to buy a small plastic measuring jug and urinate into the jug.

Example of how the chart should be completed.

	Day 1									
Time	F	U	I	Т	D					
7pm		150ml								
8pm					Tea					
9pm	300ml									
10pm										
11pm		100ml		11.15						
12 Midnight			1							

Where it is not possible to measure the urine you pass, for example if you are out shopping, please tick (\checkmark) the box to show that you have passed urine or if you experience episodes of incontinence please tick the box marked I (below).

Incontinent

In this column record any incontinent episodes by simply ticking the box against the corresponding hour of the day.

Time to Bed

In this column you record the time you went to bed. Don't forget to record any visits you made to the toilet during the night.

D Type of Drink

List here what is was that you drank such as; water, tea, coffee, alcohol, fizzy pop.

The space on the right of the chart is available for you to make any additional comments about your bladder function.