Last Name:

First Name:

or Patient label

DOB:

Patient Number:

# Bladder Record Chart



			Day 1					Day 2					Day 3		
Time	F	U	I	Т	D	F	U	I	Т	D	F	U	I	Т	D
am															
'am															
3am															
am															
am															
1am															
2noon															
pm															
om															
om															
pm															
om															
om															
om															
pm															
pm															
)pm															
1pm															
12 dnight															
am															
am															
am															
am															
am															

#### **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.

## **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.