# **Bladder Record Chart**

#### 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.

#### Fluid intake

### How much did you drink?

Each time you have a drink, record it 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 milliliters).

### **Urine passed**

## How much urine did you pass?

In this column record the amount or volume of urine passed. Please use a measuring jug. This can be purchased from any pound shop.

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

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

# 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 V – very wet

PI24/3096/04 Leaflet title: Bladder Record Chart - Information for Patients

# DAY 1

# **FLUID INTAKE**

# **URINE PASSED**

# **LEAKAGES**

| Time | How Much<br>Did you<br>drink | What did<br>you<br>drink? | How much<br>urine did<br>you pass | Did you have<br>a strong<br>sudden urge<br>to go to the<br>toilet | If you had an accident how severe was it? D = damp W = wet V = very wet |
|------|------------------------------|---------------------------|-----------------------------------|---|---|
|      | 200 ml                       | Water                     | 100 ml                            | No  |   |
|      |                              |                           |                                   |   |   |
|      |                              |                           |                                   |   |   |
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Total Intake.....ml

Total output.....ml

# DAY 2

## FLUID INTAKE

### **URINE PASSED**

### **LEAKAGES**

| Time | How Much<br>Did you<br>drink | What did<br>you<br>drink? | How much<br>urine did<br>you pass | Did you have<br>a strong<br>sudden urge<br>to go to the<br>toilet | If you had an accident how severe was it? D = damp W = wet V = very wet |
|------|------------------------------|---------------------------|-----------------------------------|---|---|
|      | 200 ml                       | Water                     | 100 ml                            | No  |   |
|      |                              |                           |                                   |   |   |
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Total Intake.....ml

Total output.....ml

# DAY 3

#### **FLUID INTAKE**

### **URINE PASSED**

#### **LEAKAGES**

| Time | How Much<br>Did you<br>drink | What did<br>you<br>drink? | How much<br>urine did<br>you pass | Did you have<br>a strong<br>sudden urge<br>to go to the<br>toilet | If you had an accident how severe was it? D = damp W = wet V = very wet |
|------|------------------------------|---------------------------|-----------------------------------|---|---|
|      | 150 ml                       | Coffee                    | 200 ml                            | yes   | D   |
|      |                              |                           |                                   |   |   |
| _    |                              |                           |                                   |   |   |
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|      |                              |                           |                                   |   |   |

Total output.....ml

Any additional notes:

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email <a href="mailto:interpreting.service@uhb.nhs.uk">interpreting.service@uhb.nhs.uk</a>