

Instructions

Please read carefully

This chart is designed to help assess how your bladder functions both at home and at work. By filling this form in correctly you will help us accurately diagnose your condition.

The column marked “time” refers to the daytime starting and finishing at 6 o’clock in the morning. The chart should be filled in over 7 days (marked days 1 – 7). For each day there are three columns.

Fluid Intake

In this column you record how much fluid you drink, i.e. coffee, tea, water, beer etc.

Each time you have a drink you record how much you have drunk 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 drunk by always using the same cup.

Urine Passed

In this column you record the amount or volume of urine passed. Each time you pass urine, record the volume of urine (in mls) passed against the corresponding hour of the day. For this you

will need to buy a small plastic measuring jug available from a chemist or in some supermarkets. Please also record during the night.

Where it is not possible to measure the volume, for example if you are out shopping, please tick (✓) the box to show that you have passed urine.

Wet

In this column you record any wet episodes by simply ticking (✓) the box against the corresponding hour of the day.

The space on the bottom of the form is available for us to make any additional comments about your bladder over the 7 days.

Example

<i>Day 1</i>			
Time	Fluid Intake	Urine Passed	Wet
6am		300mls	
7am	150 mls		
8am			✓
9am			

BLADDER RECORD CHART - Volume and Frequency

Name: _____ Date: _____

	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7			
Time	Fluid Intake	Urine Passed	Wet	Fluid Intake	Urine Passed	Wet	Fluid Intake	Urine Passed	Wet	Fluid Intake	Urine Passed	Wet	Fluid Intake	Urine Passed	Wet	Fluid Intake	Urine Passed	Wet	Fluid Intake	Urine Passed	Wet	
6am																						
7am																						
8am																						
9am																						
10am																						
11am																						
Noon																						
1pm																						
2pm																						
3pm																						
4pm																						
5pm																						
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4am																						
5am																						

Comments / Special Instructions: _____
