

Bladder record chart

Instructions

Try to record details of your fluid intake and bladder emptying for three days. It is helpful if you can try to record and measure overnight too.

Do your best to make it three days in a row. Otherwise any three days you can manage is better than none. If you work, you may find it easier to do this only on your days off.

Please measure the amount of fluid you drink (in millilitres/ml) and record it as close to the time in the 'Fluids in' column. Include milk on cereal.

Add a note of what the drink is, for example:

W = Water T = Tea C = Coffee M = Milk Fr = Fruit juice A = Alcohol

Please measure the amount of urine that you pass (in millilitres) and record it as close to the time in the 'Out' column. You will need a plastic measuring jug.

If you are occasionally unable to measure, put a tick instead.

If you have an accident and leak some urine, put a tick in the 'Leak' column. Include even a small drop. Put 'U' if you had urgency.

If for any reason you have not been able to complete this, do not worry!

Contact details

Women's and Men's Health Physiotherapy Department

Telephone 01202 442506

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

The Health Information Centre

Poole Hospital NHS Foundation Trust Longfleet Road Poole Dorset BH15 2JB

Telephone: 01202 448003

www.poole.nhs.uk

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Date

Time	Fluids in	Out	Leak
6 am			
7 am			
8 am			
9 am			
10 am			
11 am			
12 noon			
1 pm			
2 pm			
3 pm			
4 pm			
5 pm			
6 pm			
7 pm			
8 pm			
9 pm			
10 pm			
11 pm			
12 pm			
1 am			
2 pm			
3 am			
4 am			
5 am			
TOTAL			

If you wish to make any comments on this leaflet, please contact the Patient Information Team confidentially: by phone on 01202 448003, by post to the Health Information Centre (address above), or email patient.information@poole.nhs.uk.

Date

Time	Fluids in	Out	Leak
6 am			
7 am			
8 am			
9 am			
10 am			
11 am			
12 noon			
1 pm			
2 pm			
3 pm			
4 pm			
5 pm			
6 pm			
7 pm			
8 pm			
9 pm			
10 pm			
11 pm			
12 pm			
1 am			
2 pm			
3 am			
4 am			
5 am			
TOTAL			

Your name: Your address:

(or use addressograph label):

Date

	1	ı	1
Time	Fluids in	Out	Leak
6 am			
7 am			
8 am			
9 am			
10 am			
11 am			
12 noon			
1 pm			
2 pm			
3 pm			
4 pm			
5 pm			
6 pm			
7 pm			
8 pm			
9 pm			
10 pm			
11 pm			
12 pm			
1 am			
2 pm			
3 am			
4 am			
5 am			
TOTAL			

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