

DEPARTMENT OF UROLOGY

You have been asked by the doctor or nurse to complete a bladder record chart. This will help the clinician to greatly understand your urinary symptoms.

Instructions

You will need to buy a small plastic measuring jug available from most supermarkets.

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

The column marked **TIME** refers to the 24 hour clock for that day starting at 6am in the morning and finishing 5am the following morning. The chart should be filled in over the 3 days marked.

For each day there are 3 columns:

- FLUID INTAKE

In this column record how much and what type of fluid you are drinking i.e. coffee 150mls, squash 200mls, tea 100mls.

- URINE PASSED

In this column record the volume of urine passed in mls against the corresponding time of the day. For this you will need the jug, please remember to record your volumes through the night as well.

- WET

In this column record any wet episode by simply ticking the box against the corresponding time of the day.

Thanks for your help and we look forward to seeing you in the department in due course.

BLADDER RECORD CHART
 VOLUME AND FREQUENCY

NAME.....

HOSPITAL NUMBER.....

	DAY 1			DAY 2			DAY 3		
TIME	FLUID INTAKE	URINE PASSED	WET	FLUID INTAKE	URINE PASSED	WET	FLUID INTAKE	URINE PASSED	WET
6am									
7am									
8am									
9am									
10am									
11am									
12am									
1pm									
2pm									
3pm									
4pm									
5pm									
6pm									
7pm									
8pm									
9pm									
10pm									
11pm									
12pm									
1am									
2am									
3am									
4am									
5am									
TOTAL									