**Name:**

**NHS Number: Date of Birth:**

**Instructions**

**Please read carefully**

This chart will help your nurse assess how your bladder functions throughout the day so that he or she can accurately diagnose and treat your condition.

**Please complete the chart as accurately as possible for 3 days and send the completed chart to the Community Bladder and Bowel Service in the envelope provided, unless advised otherwise.**

**Fluid intake**

**How much did you drink?**

Each time you have a drink record 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 millilitres) and estimate the fluid you drank by always using the same cup.

What did you drink?

In this column record what you drank, i.e. coffee, tea, water, beer etc.

**Urine passed**

**How much urine did you pass?**

In this column record the amount or volume of urine passed against the corresponding hour of the day or night. You will need to buy a plastic measuring jug from the supermarket or chemist for this.

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

In this column record if you experience 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 or V=very wet.

If you wear a pad, record when you changed it with an asterisk \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TIME** | **DAY 1** | | | | |
| **FLUID INTAKE** | | **URINE PASSED** | | **LEAKAGES** |
| How much did you drink? | What did you drink? | How much urine did you pass? | Did you have a strong, sudden urge to go to the toilet? | If you had an accident how severe was it?  D=damp  W=wet  V=very wet  \*= pad change |
| ***Example*** | ***200ml*** | ***Water*** | ***100ml*** | ***No*** |  |
| 6am |  |  |  |  |  |
| 7am |  |  |  |  |  |
| 8am |  |  |  |  |  |
| 9am |  |  |  |  |  |
| 10am |  |  |  |  |  |
| 11am |  |  |  |  |  |
| 12 noon |  |  |  |  |  |
| 1pm |  |  |  |  |  |
| 2pm |  |  |  |  |  |
| 3pm |  |  |  |  |  |
| 4pm |  |  |  |  |  |
| 5pm |  |  |  |  |  |
| 6pm |  |  |  |  |  |
| 7pm |  |  |  |  |  |
| 8pm |  |  |  |  |  |
| 9pm |  |  |  |  |  |
| 10pm |  |  |  |  |  |
| 11pm |  |  |  |  |  |
| 12 midnight |  |  |  |  |  |
| 1am |  |  |  |  |  |
| 2am |  |  |  |  |  |
| 3am |  |  |  |  |  |
| 4am |  |  |  |  |  |
| 5am |  |  |  |  |  |

Day 2 and 3 are overleaf

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TIME** | **DAY 2** | | | | |
| **FLUID INTAKE** | | **URINE PASSED** | | **LEAKAGES** |
| How much did you drink? | What did you drink? | How much urine did you pass? | Did you have a strong, sudden urge to go to the toilet? | If you had an accident how severe was it?  D=damp  W=wet  V=very wet  \*= pad change |
| ***Example*** | ***200ml*** | ***Water*** | ***100ml*** | ***No*** |  |
| 6am |  |  |  |  |  |
| 7am |  |  |  |  |  |
| 8am |  |  |  |  |  |
| 9am |  |  |  |  |  |
| 10am |  |  |  |  |  |
| 11am |  |  |  |  |  |
| 12 noon |  |  |  |  |  |
| 1pm |  |  |  |  |  |
| 2pm |  |  |  |  |  |
| 3pm |  |  |  |  |  |
| 4pm |  |  |  |  |  |
| 5pm |  |  |  |  |  |
| 6pm |  |  |  |  |  |
| 7pm |  |  |  |  |  |
| 8pm |  |  |  |  |  |
| 9pm |  |  |  |  |  |
| 10pm |  |  |  |  |  |
| 11pm |  |  |  |  |  |
| 12 midnight |  |  |  |  |  |
| 1am |  |  |  |  |  |
| 2am |  |  |  |  |  |
| 3am |  |  |  |  |  |
| 4am |  |  |  |  |  |
| 5am |  |  |  |  |  |
| **TIME** | **DAY 3** | | | | |
| **FLUID INTAKE** | | **URINE PASSED** | | **LEAKAGES** |
| How much did you drink? | What did you drink? | How much urine did you pass? | Did you have a strong, sudden urge to go to the toilet? | If you had an accident how severe was it?  D=damp  W=wet  V=very wet  \*= pad change |
| ***Example*** | ***200ml*** | ***Water*** | ***100ml*** | ***No*** |  |
| 6am |  |  |  |  |  |
| 7am |  |  |  |  |  |
| 8am |  |  |  |  |  |
| 9am |  |  |  |  |  |
| 10am |  |  |  |  |  |
| 11am |  |  |  |  |  |
| 12 noon |  |  |  |  |  |
| 1pm |  |  |  |  |  |
| 2pm |  |  |  |  |  |
| 3pm |  |  |  |  |  |
| 4pm |  |  |  |  |  |
| 5pm |  |  |  |  |  |
| 6pm |  |  |  |  |  |
| 7pm |  |  |  |  |  |
| 8pm |  |  |  |  |  |
| 9pm |  |  |  |  |  |
| 10pm |  |  |  |  |  |
| 11pm |  |  |  |  |  |
| 12 midnight |  |  |  |  |  |
| 1am |  |  |  |  |  |
| 2am |  |  |  |  |  |
| 3am |  |  |  |  |  |
| 4am |  |  |  |  |  |
| 5am |  |  |  |  |  |