

FULL NAME: _____ Date of Birth _____ NHS No: _____

(This is page 2 of 2. See page 1 for instructions on completion.)

		DAY 1 DATE _____			DAY 2 DATE _____			DAY 3 DATE _____		
	Time	Drinks	Urine	Wet	Drinks	Urine	Wet	Drinks	Urine	Wet
Morning	6am									
	7am									
	8am									
	9am									
	10am									
	11am									
Afternoon	12md									
	1pm									
	2pm									
	3pm									
	4pm									
	5pm									
Evening	6pm									
	7pm									
	8pm									
	9pm									
	10pm									
	11pm									
Night	12mn									
	1am									
	2am									
	3am									
	4am									
	5am									
Totals										

Chart completed by: (name and signature).....

Chart seen by assessor(name,signature,date).....

BLADDER DIARY

INSTRUCTIONS FOR USE –

(This is page 1 of 2. Page 2 is your bladder diary to complete.)

Please complete the diary for 3 days (consecutive if possible) and have it available for your appointment. It is important that you provide as much information as possible, as this will form part of your clinical assessment.

Time - Enter the information nearest to the time it occurred. For example if you have a drink at 4.25pm, write it down in the box next to 4pm.

Drinks - Please record the amount you drink each time in millilitres (mls) and what type of fluid you are drinking, e.g. tea, coffee, juice etc. If you are not able to measure in mls please indicate cup, mug or glass.

Urine – Using a jug, please measure and record your urine output in mls, each time you pass urine. If you go to the toilet and forget to do this or are unable to do this please put a ✓.

Wet - Please indicate when you are wet and record any activity you were doing when this took place.

Record D if you are damp
 W if you are wet
 S if you are soaking

Leave this column blank if you do not suffer with this problem.

EXAMPLE

	DAY 1	DATE - June 25th 2010	
Time	Drinks	Urine	Wet
6am		250mls	D
7am	Tea 150mls		
8am		100mls	S (lifting)
9am	Coffee 200mls		
10am	Tea 1 mug	✓	