



**University
Hospitals Sussex**
NHS Foundation Trust

Bladder record chart

Pelvic Health Physiotherapy

Patient information

Instructions

Please read carefully

This chart will help your physiotherapist assess how your bladder functions throughout the day in order to accurately diagnose and treat your condition. Please complete the chart as accurately as possible for **three days** and bring the completed chart to your next appointment.

Fluid intake

Each time you have a drink, note down in each column: the **time**, the **amount** (in millilitres) and **what** you drank (tea, coffee, water, beer etc).

To do this, measure the volume of your usual cup, glass or mug and estimate the fluid you drank by always using the same cup.

Urine passed

How much urine did you pass?

Measure, in mls, any urine passed. You will need to buy a plastic measuring jug from the chemist for this. It is important to sit properly on the toilet, holding the jug in the bowl of the toilet. This helps pelvic floor muscles to relax fully. **DO NOT SQUAT ABOVE THE SEAT.**

Note the time in the **time** column, and the **amount** in the 'how much urine did you pass' column.

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

In this column, record if you experienced 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.

Example

| Date | Fluid intake | | Urine passed | | Leakages |
|--------------|-------------------------|---------------------|------------------------------|--|--|
| 01.01.23 | | | | | |
| TIME | 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 |
| 6am | 150 mls | Tea | 250mls | Yes | |
| 7am | | | | | |
| 8am | 200 mls | Coffee | 300 mls | No | |
| 9am | | | | | |
| 10am | 300 mls | Water | 250 mls | Yes | V |
| 11am | | | | | |
| 12pm | | | | | |
| Total | 650 mls | | 800 | | |

Day 1

| Date | Fluid intake | | Urine passed | | Leakages |
|--------------|-------------------------|---------------------|------------------------------|--|--|
| TIME | 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 |
| 6am | | | | | |
| 7am | | | | | |
| 8am | | | | | |
| 9am | | | | | |
| 10am | | | | | |
| 11am | | | | | |
| 12pm | | | | | |
| 1pm | | | | | |
| 2pm | | | | | |
| 3pm | | | | | |
| 4pm | | | | | |
| 5pm | | | | | |
| 6pm | | | | | |
| 7pm | | | | | |
| 8pm | | | | | |
| 9pm | | | | | |
| 10pm | | | | | |
| 11pm | | | | | |
| 12am | | | | | |
| 1am | | | | | |
| 2am | | | | | |
| 3am | | | | | |
| 4am | | | | | |
| 5am | | | | | |
| Total | | | | | |

Day 2

| Date | Fluid intake | | Urine passed | | Leakages |
|--------------|-------------------------|---------------------|------------------------------|--|--|
| TIME | 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 |
| 6am | | | | | |
| 7am | | | | | |
| 8am | | | | | |
| 9am | | | | | |
| 10am | | | | | |
| 11am | | | | | |
| 12pm | | | | | |
| 1pm | | | | | |
| 2pm | | | | | |
| 3pm | | | | | |
| 4pm | | | | | |
| 5pm | | | | | |
| 6pm | | | | | |
| 7pm | | | | | |
| 8pm | | | | | |
| 9pm | | | | | |
| 10pm | | | | | |
| 11pm | | | | | |
| 12am | | | | | |
| 1am | | | | | |
| 2am | | | | | |
| 3am | | | | | |
| 4am | | | | | |
| 5am | | | | | |
| Total | | | | | |

Day 3

| Date | Fluid intake | | Urine passed | | Leakages |
|--------------|-------------------------|---------------------|------------------------------|--|--|
| TIME | 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 |
| 6am | | | | | |
| 7am | | | | | |
| 8am | | | | | |
| 9am | | | | | |
| 10am | | | | | |
| 11am | | | | | |
| 12pm | | | | | |
| 1pm | | | | | |
| 2pm | | | | | |
| 3pm | | | | | |
| 4pm | | | | | |
| 5pm | | | | | |
| 6pm | | | | | |
| 7pm | | | | | |
| 8pm | | | | | |
| 9pm | | | | | |
| 10pm | | | | | |
| 11pm | | | | | |
| 12am | | | | | |
| 1am | | | | | |
| 2am | | | | | |
| 3am | | | | | |
| 4am | | | | | |
| 5am | | | | | |
| Total | | | | | |

Day 4

| Date | Fluid intake | | Urine passed | | Leakages |
|--------------|-------------------------|---------------------|------------------------------|--|--|
| TIME | 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 |
| 6am | | | | | |
| 7am | | | | | |
| 8am | | | | | |
| 9am | | | | | |
| 10am | | | | | |
| 11am | | | | | |
| 12pm | | | | | |
| 1pm | | | | | |
| 2pm | | | | | |
| 3pm | | | | | |
| 4pm | | | | | |
| 5pm | | | | | |
| 6pm | | | | | |
| 7pm | | | | | |
| 8pm | | | | | |
| 9pm | | | | | |
| 10pm | | | | | |
| 11pm | | | | | |
| 12am | | | | | |
| 1am | | | | | |
| 2am | | | | | |
| 3am | | | | | |
| 4am | | | | | |
| 5am | | | | | |
| Total | | | | | |

Who do I contact for further information?

Please email Worthing Physiotherapy Department at

receptionwor.physio@nhs.net

or contact us by telephone on **01903 285014**.

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