DAILY BLADDER CHART

This simple chart allows you to record the fluid you drink and the urine you pass over 3 days (not necessarily consecutive) in the week prior to your clinic appointment. This can provide valuable information.

- Please fill in approximately when and how much fluid you drink, and type of liquid.
- Please fill in the time and the amount (in mls. Or ozs./pints) of urine passed, and mark with a star if you have leaked or your pad is damp.

(Please find below an example of how to complete this form.)

DATE/TIME	LIQUID INTAKE	VOLUME OF URINE (mls. or ozs.)	DATE/TIME	LIQUID INTAKE	VOLUME OF URINE (mls. or ozs.)
21.02.06					
2.15am		150mls			
7.15am		250mls*			
8.00am	Mug coffee				
8.20am		60mls*			
9.30am	Cup orange juice				
10.00am		100mls			
12 noon	2 Mugs coffee				
2.00pm		300mls			
2.30pm		20mls*			
3.30pm	Cup of tea				
4.00pm		100mls			
6.00pm	Cup of tea				
7.00pm		100mls*			
8.30pm	Glass Bear	200mls			
10.00pm	Glass Wine	50mls			
11.30pm		30mls*			