

# Bladder record chart for uro-gynaecology

Gynaecology Department [Patients Information](#)

## Instructions

Try to record details of your fluid intake and bladder emptying for three days. It is helpful if you can try to record and measure overnight too.

Do your best to make it three days in a row. Otherwise any three days you can manage is better than none. If you work, you may find it easier to do this on your days off.

Please measure the amount of fluid you drink (in millilitres/ml) and record it as close to the time in the 'fluids in' column. Include milk on cereal.

Add a note of what the drink is, for example:

**W** = Water    **T** = Tea    **C** = Coffee    **M** = Milk    **Fr** = Fruit juice    **A** = Alcohol

Please measure the amount of urine that you pass (in millilitres) and record it as close to the time in the 'out' column. You will need a plastic measuring jug.

If you are occasionally unable to measure, put a tick instead.

If you have an accident and leak some urine, put a tick in the 'leak' column. Include even a small drop. Put 'U' if you had urgency.

If for any reason you have not been able to complete this, do not worry!

## Contact details

Please contact us and tell us the name of the doctor in charge of your care:

Urogynaecology nurse specialists - call **0300 019 5729**  
for answerphone service or **0300 019 4943** for secretary.

Urogynaecology secretaries - call **0300 019 2511** or **0300 019 4336**.  
There is an answerphone available out of hours.

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To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499**  
or email [patientexperience@uhd.nhs.uk](mailto:patientexperience@uhd.nhs.uk).

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Name:

Hospital/NHS Number:

Date of birth:

Addressograph

(or stick patient's printed label here)

Date:			
Time	Fluids in	Out	Leak
6am			
7am			
8am			
9am			
10am			
11am			
12 noon			
1pm			
2pm			
3pm			
4pm			
5pm			
6pm			
7pm			
8pm			
9pm			
10pm			
11pm			
12am			
1am			
2am			
3 am			
4 am			
5 am			
Total			

Name:

Hospital/NHS Number:

Date of birth:

Addressograph

(or stick patient's printed label here)

Date:			
Time	Fluids in	Out	Leak
6am			
7am			
8am			
9am			
10am			
11am			
12 noon			
1pm			
2pm			
3pm			
4pm			
5pm			
6pm			
7pm			
8pm			
9pm			
10pm			
11pm			
12am			
1am			
2am			
3 am			
4 am			
5 am			
Total			

Name:

Hospital/NHS Number:

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Addressograph

(or stick patient's printed label here)

Date:			
Time	Fluids in	Out	Leak
6am			
7am			
8am			
9am			
10am			
11am			
12 noon			
1pm			
2pm			
3pm			
4pm			
5pm			
6pm			
7pm			
8pm			
9pm			
10pm			
11pm			
12am			
1am			
2am			
3 am			
4 am			
5 am			
Total			