



Bladder and bowel record chart

Instructions for completing bladder and bowel record chart: This chart helps your healthcare professional assess how your bladder and bowel functions throughout the day so that they can accurately diagnose and treat your condition. Please complete the chart for 3 consecutive days and nights.

Fluid intake

How much did you drink?

Each time you have a drink, record the amount against the corresponding hour of the day or night. To do this measure the volume of your usual cup, glass or mug (in millilitres or fluid ounces) and estimate the fluid you drink by always using the same cup, glass or mug.

What did you drink?

In this column record what you drank, such as coffee, tea, water, beer.

Food intake - Please record foods that are rich in fibre, such as fruit, vegetables, breads and cereals.

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 use a plastic measuring jug for this.

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

In this column record if you experienced a strong and sudden urge to go to the toilet immediately, if it felt impossible to delay the need to pass urine.

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.

How much did you leak with cough/sneeze/exercise?

Do you need to wear a pad or liner?

How often do you change pad/liner in 24 hours?

Bowel movements

Did your bowels move?

Record 'yes' against the relevant time if your bowels moved.

Did you soil yourself from your bowel?








If you soiled yourself or experienced any leakage from your bowel, record 'yes' for the relevant time.

If you soiled when did it happen?

Bristol Stool Scale - record type (1-7, see over)

Please find attached the Bristol Stool Scale. Record which number best resembles your bowel movement and/or soiling episode.

THE BRISTOL STOOL FORM SCALE

<i>Type 1</i>		Separate hard lumps, like nuts (hard to pass)
<i>Type 2</i>		Sausage-shaped but lumpy
<i>Type 3</i>		Like a sausage but with cracks on its surface
<i>Type 4</i>		Like a sausage or snake, smooth and soft
<i>Type 5</i>		Soft blobs with clear-cut edges (passed easily)
<i>Type 6</i>		Fluffy pieces with ragged edges, a mushy stool
<i>Type 7</i>		Watery, no solid pieces ENTIRELY LIQUID

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Bladder and Bowel Record Chart (complete one for each day and night)

Time	Day1: Client name: _____ D.O.B: _____								
	Fluid intake		Food intake fibre foods	Urine passed		Leakages	Bowel movements		
	How much did you drink?	What did you drink?	What did you eat? e.g. fruit, veg, bread, cereals	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	Did your bowels move? yes or no	Did you soil yourself from your bowel? yes or no When did it happen? on the way to toilet or after a motion	Bristol stool scale State which type 1-7
Example	200mls	tea	1 bowl porridge & 2 slices brown bread	100mls	no	W	yes	no	3
8am									
9am									
10am									
11am									
12noon									
1pm									
2pm									
3pm									
4pm									

5pm									
6pm									
7pm									
8pm									
9pm									
10pm									
11pm									
12MN									
1am									
2am									
3am									
4am									
5am									
6am									
7am									