

Three Day Bladder Chart

Document No: _____

Please complete details for each time the resident passes urine.

Complete each day for 3 complete days (*identify which day*)

ID LABEL

Day _____ Date _____

Time	Drinks (amt, type)	Continent Yes/No (ie. In toilet)	Incontinent Yes/No Degree of wetness: Pad only. Pad & underwear. Pad, underwear & outer clothing.	No. of pad and/or clothing changes	Comments (assoc. circumstances, effect on daily activity)
<i>(Example)</i>	<i>0800 Cup of tea</i>	<i>No</i>	<i>Yes- pad only</i>	<i>1 change of pad</i>	<i>unable to get to toilet</i>
Waking to morning tea					
Morning tea to lunch					
Lunch to afternoon tea					
Afternoon tea to dinner					
Dinner to bed					
Overnight					