

NAME; _____ D.O.B; _____.

INPUT/OUTPUT DIARY

Try and complete the chart over three consecutive days, varying between work and home if possible.

- 1) **FLUID IN** – Measure cup/mug/glass (in mls) and insert amount drunk against correct time.
- 2) **TYPE** – Write the type of drink here against the correct time e.g. tea/coffee/water/squash etc.
- 3) **FLUID OUT** – Collect urine (wee) in a jug and insert amount (in mls) against correct time.
- 4) **LEAKAGE** – Record this with a star * against the correct time in the FLUID OUT column.
- 5) **Bladder Sensation Scale**
 - 0 No bladder sensation at all - Could delay indefinitely
 - 1 Sensation of urine, but no desire to void- Could delay 1 hour
 - 2 Mild to moderate desire to void - Could delay 30 mins
 - 3 Strong desire to void - Could delay 15 mins
 - 4 Urgent desire to void - Unable to delay 5 mins

TIME	DAY ONE				DAY TWO				DAY THREE			
	TYPE	FLUID IN	FLUID OUT	BLADDER SENSATION	TYPE	FLUID IN	FLUID OUT	BLADDER SENSATION	TYPE	FLUID IN	FLUID OUT	BLADDER SENSATION
7.00-8.00												
8.00-9.00												
9.00-10.00												
10.00-11.00												
11.00-12.00												
12.00-13.00												
13.00-14.00												
14.00-15.00												
15.00-16.00												
16.00-17.00												
17.00-18.00												
18.00-19.00												
19.00-20.00												
20.00-21.00												
21.00-22.00												
22.00-23.00												
23.00-00.00												
0.00-1.00												
1.00-2.00												
2.00-3.00												
3.00-4.00												
4.00-5.00												
5.00-6.00												
6.00-7.00												

TOTALS



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