

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### HOW TO FILL IN YOUR BLADDER DIARY

1. Please complete your bladder diary over three days, (three 24 hour periods).
2. These do not have to be consecutive days. Choose convenient days.
3. Please measure and record in this diary the amount of urine each time you void.
4. Then discard all urine.
5. It is recommended you purchase a 1 litre plastic jug for this purpose.

#### WHAT ELSE SHOULD I KNOW?

This chart is an important part of your assessment. Please bring it with you to your next visit or return it by email to: [info@continencematters.com](mailto:info@continencematters.com)



# YOUR BLADDER DIARY

  

# CONTINENCE MATTERS

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