

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. Measure the residual volume you get by Intermittent Self Catheterisation. You will be instructed how often to perform this.
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

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I.S.C BLADDER DIARY CONTINENCE MATTERS

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