

Paediatric Continence Service

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Bladder & Bowel Diary

CHILD'S NAME			
DATE OF	Male / Female		
BIRTH			
ADDRESS			
	POSTCODE:		
TELEPHONE			
GP & SURGERY DETAILS			

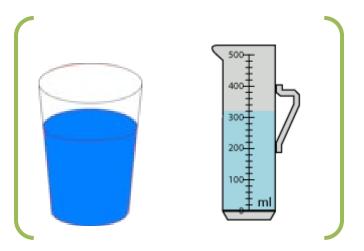
This information will help assist the clinician with your child's assessment and aid with any interventions and, if necessary, any treatments. Please return as instructed.

It is best if you can fill this diary in when they are at home rather than school, i.e. weekends / holidays.

Drinking. It is helpful if you record how much your child has actually drunk.

It is best if you record the amount in millilitres (mls).

Please measure the liquid in your child's favourite cup/beaker and use this as a basis for your measurements.



POO- Record all poos for 1-2 weeks

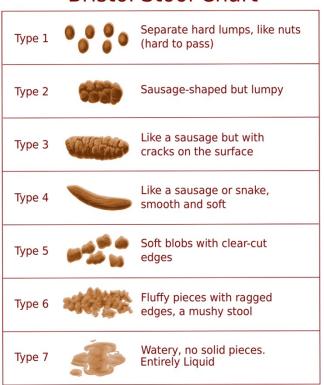
Date	Time	Where	Size	Type 2	Notes
e.g. 10.2.16	17:30	Toilet	Large	2	Painful, strained

Please fill this section in, even if your child is coming to the Service with just a wetting issue. This information is still helpful to us.

Bristol Stool Chart - please make a note of which most closely resembles your child's poo, and record it in the last column.

If your child strained or appeared not to be aware of feeling, hid themselves away or tried to retain the poo, please make a note in last column of poo section.

Bristol Stool Chart



DRINKS- measure all drinks for 3 days

Time	Amount		Time	Amount	What was the
finished	(ml)	drink?	finished	(ml)	drink?
DAY 1 / DA					
e.g. 9am	220ml	water			
DAY 2 / DA	ATE:				
DAY 3 / DA	ATE:				
	l	I		<u> </u>	

Wees. Buy a cheap plastic jug. Measure each wee and record.

It helps if you check the colour, get your child to tell you if it is dark, light or if it is strong smelling. If the urine smells offensive or 'fishy' and your child seems unwell, please take a sample to your GP for checking.



Date		Time	Where?	How much?	D-dark
			i.e pants, loo	(ml)	M-medium
					L-light
		e.g. 9.00	Toilet	125mls	М
Υ1					
DAY 1					
	نن				
	DATE:				
~ I					
DAY 2					
Δ					
	ü				
	DATE:				
DAY 3					
	نن				
	DATE:				
]				