

Bladder & Bowel Diary

CHILD'S NAME		
DATE OF BIRTH		Male / Female
ADDRESS	-----	

	POSTCODE:	
TELEPHONE		
GP & SURGERY DETAILS	-----	

Paediatric Continence Service

Lowe House HCRC
 103 Crab Street
 St Helens
 WA10 2DJ

Tel: 01744 626701

Email: paediatric.continenceservice@nhs.net

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.

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? i.e pants, loo	How much? (ml)	D-dark M-medium L-light
DAY 1	e.g. 9.00	Toilet	125mls	M
DAY 2				
DAY 3				