

# Paediatric Incontinence Clinic Cavan

Breffni Building  
Cavan General Hospital



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



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## Folder for Client

### Information and Progress documentation

PLEASE BRING THIS FOLDER, ANY CHARTS  
AND YOUR ALARM WITH YOU  
AT **EACH** CLINIC VISIT

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┌	<i>Patient sticker</i>	┐
	Name .....	
	Date of birth .....	
	Address .....	
	.....	
└		┘

**Dairy - Reminders and Actions** for the next visit:

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2. \_\_\_\_\_
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**Location**

Paediatric Incontinence Clinic, Breffni Building, Farnham Street, Cavan, Co Cavan, H12 F721

part of Cavan General Hospital, Lisdarn, Cavan, Co Cavan, H12 Y7W1

**Contact details**

Tel: 049 437 6474 (09:00 – 16:00hr) or anytime on the voice mail to leave a message

Email: [pic.breffni@icloud.com](mailto:pic.breffni@icloud.com)

## Appointments for Paediatric Incontinence Clinic Cavan

<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Week</b>	<b>Place</b>
Thursday				F2F Breffni Clinic CGH Video Phone E-mail
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# GENERAL INFORMATION ABOUT BEDWETTING

## Introduction

Bedwetting (nocturnal enuresis) is a common childhood problem which can create enormous stress and embarrassment for children and their families. However, something **can** be done to speed up getting dry. This booklet describes ways in which parents and professionals can help children to improve bladder control and become free of bedwetting.

## The extent of the problem

It has been estimated that in Ireland 46,000 children between the ages of 5 and 16 years regularly wet the bed. Up to the age of 12 years, more of these are boys than girls, but the older group (12-16 years) has proportionally girls. It is very easy for children to feel that they are the only ones with the problems, as it is not something that is easy to reveal and share with friends. Only one in every 6 children looks for help. It may be of some comfort to an affected child to know that in a school class of 30 children, aged 7-9 years, there likely to be at least one other who also wets the bed.

## “Tuning in” to the bladder

Children gradually learn to recognise the sensation of a full bladder and begin to “hold-on” until a toilet or potty is found (see “how the system works”). Most children have gained day-time control by the age of 3 years; night-time control takes a little longer – girls often achieve this earlier than boys. It is quite normal for children as old as 4 years to be still wetting the bed and accidents may occur from time to time for a number of years.

## What might cause bedwetting?

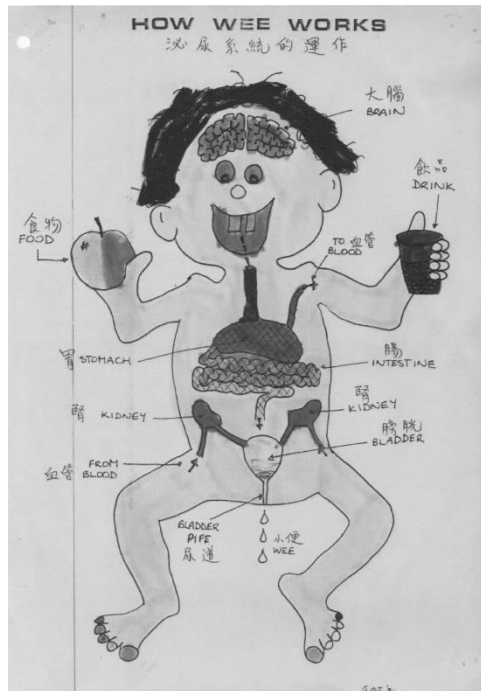
It is not always easy to pinpoint the reason why some children acquire night-time control later than others, but it **not due** to laziness, lack of willpower or “sleeping too deep”. We now believe that bedwetting may be the result of a number of factors (**The Three Systems**):

- The body’s system to slowdown urine production at night is not yet working well enough (this is controlled by a hormone from the brain, or chemical messenger called vasopressin – which acts on the kidney’s). The children concerned therefore have to cope with day-time levels of urine at night. (**System C**)
- The bladder holds lower than average amounts of urine before giving a signal that it is full (these children often pass small amounts frequently during the day). The bladder may also be “overactive” (sometimes called “an irritable” or “unstable” bladder or “detrusor instability”) and gives an urgent signal to empty before it is full. Usually this is evident during the day by wetting, frequency or urgency, LUTS. (**System B**)
- The signal from bladder to brain to “wake up” or ‘hold on’ at night isn’t getting through via the “bypass” in **System A**; something that is not under conscious control. Anxieties in the child’s life, such as the birth of a new baby, the death of a close friend or relative, or starting a new school, can also delay learning bladder control, or “trigger” bedwetting incidents in children who were once dry at night.
- The risk of bedwetting will increase by 40 to 70% for a child if one or both parents wet the bed after the age of 5 years. This genetic effect may be linked to chromosome 12q and 13q. Small bladder capacity and increased urine production runs in families too.
- The sleep pattern in children with or without bedwetting is exactly the same and the common thought that children who wet the bed sleep too deep is not true. Deep sleeper might find it difficult to wake to an alarm.

## How the system works

Look at Wee, he is a little boy in the picture below. He eats and drinks which goes into the stomach, then into the blood and then the kidneys remove out of the blood what is not needed and turn it into urine “wee”, like a washing machine. The kidneys drop the wee into the bladder. The bladder is like a “stretchy

bag". Its muscle walls relax, allowing it to gradually fill with urine from the kidneys (and therefore become larger), and to contract and squeeze out its contents. Everyone's bladder has a maximum level of filling before its contractions starts and this varies between children.



When the maximum level is reached the bladder sends messages ("*I am full!*") to the brain via the nervous system, resulting in feelings of discomfort or fullness. It is this that tells the child that he needs to go to the toilet (both at day and night). When the toilet is reached (or wetting occurs!), then the brain instructs the bladder ("*Go!*") and contractions squeeze the urine out, emptying the bladder.

### > Can your child get to the toilet easily?

- If the toilet is downstairs or some distances away, a potty near the bed is helpful;
- Use a bottom rather than a top bunk bed;
- If your child is afraid of the dark, keep the light on or the switch nearby

### > Food and Drink

Encourage your child to drink a reasonable amount during the whole day (about 6-8 glasses, with 2-3 during the school day). Cutting back on drinks does not help – the bladder tends to "adjust" to less fluid and therefore holds less before feelings of fullness occur (see page 2: how the system works"). However, be careful about fizzy drinks, black-currant (contains tartrazine) and tea or coffee,

particularly last thing at night, as these stimulate the kidneys to produce more than average amounts of urine. Do make sure that your child uses the toilet before going to bed.

Try to prevent your child becoming **constipated**, as this may irritate the bladder at night and result in more frequent urination. A diet with plenty of roughage may help, e.g. wholemeal bread, bran cereal, frozen or tinned peas and baked beans.

### > Praise

Praise your child for dry nights, or if they wakes by himself to use the toilet during the night. Try not to show your frustration at wet beds, even though you may be feeling this way!

### > Waking up (or "lifting")

You may be lucky and reduce the number and extent of wet patches in the bed, but this method does not in itself help your child to react to the sensation that the bladder is full- and wake up or "hold on".

## What Parents can do for Children Seven Years and Older

Talking to your child calmly about the problem can sometimes uncover fears or anxieties. It may also be reassuring for your child to know that all children find their bodies are good at some things and poor at others, e.g. some are good swimmers or footballers, while others are less good at these things. It is also important to reassure your child that there will be others with this difficulty in the school class.

You could find out whether your child really wants to become dry at night. Gently asking your child what they think are the good things about being dry can give some idea of the extent of your child's wish to be free of bedwetting. Wanting to be dry helps your child make sense of the methods you might be trying. If your child appears to be disinterested or not bothered, although it is understandably very frustrating for you as a parent, it is perhaps best not to pressurise them at this stage, but to encourage them to think about what the good things about being dry might be for the future.

## **Boss of my bladder' exercises**

Helping your child to feel in charge of the plan to become dry is very important. Asking your child to repeat the following statements at least three times a day can help:



*I want to be dry and I am going to be dry" or "I am going to wake up to the alarm"*

### **>How Professionals can help**

It is very common for parents and children to reach a state of "deadlock" with feelings of frustration and anger reaching boiling point. Talking it over with a professional can be reassuring and can providing a "fresh start" in tackling the problem. This will enable the most suitable treatment method – or combination of methods – to be chosen to help your child to move towards becoming dry at night. Contact your Public Health Nurse for help.

## **Alarms**

These are not generally tried before the age of 7 or 8 years, but for children of this age group onwards they can be a successful form of treatment.

**However, you will need to be prepared for many disrupted night's sleep** until your child gets into a routine with the alarm. Treatment time can take up to 4-6 months.

There are two types of enuresis alarms or "buzzers". The bedside type (pad and bell, like the Ramsey Coote Alarm or MO6) has a "noise box" placed next to the bed and one or two detector mats placed underneath the bed sheet.

The Mini or body alarm has the "noise box" and detector plate or clip which are smaller and closer to the child (see diagram to left). The detector plate/clip can also be placed between two pairs of underpants.

In both types the noise box rings when urination begins, causing the child to wake up and "hold on" or wake up and go to the toilet before an accident happens. Gradually, the child learns to wake up and "hold on" to the sensation of a full bladder without the alarm. Alarms are likely to be more successful if set up with professional help. After an assessment an alarm can be provided in the Enuresis Clinic. Both the body-worn and bedside mat alarms can also be bought from ERIC, but professional support when using is important to be successful.

## **Medicine**

### **> Desmopressin:**

This is the most widely prescribed medicine for bedwetting, from the age of five. Desmopressin (DesmoMelt®, formerly Desmotabs®) works on the kidneys in a similar way as the naturally occurring vasopressin – by reducing and concentration the amount of urine produced overnight. Taken just before bedtime, about 7 out of 10 children show rapid improvement while on medication. Desmopressin may be prescribed in the short term when a child needs to go away on holiday, visit friends, or go on camp, but depending upon the individual assessment, it can be used for six months or more. It is usual to stop the medicine for a week after three months of treatment to see whether the bedwetting has naturally resolved. If not, further three months course may be prescribed by your doctor.

Depending on your child's individual problem, after about 6 months on treatment your doctor or nurse may advise you about helping your child to become dry without medication. Most people taking desmopressin encounter no problems and some use it for a number of years. Occasionally some people suffer from headaches, nausea or stomach pain, especially if the tablet is swallowed instead of melted under the tongue. It is important not to drink large amounts of fluids for an hour and a half prior to bedtime, and until the next morning, while on this medicine.

## > Oxybutynin

Oxybutynin (Cystrin®, Ditropan®) is a tablet that can be prescribed for young people who have day-time urgency, sometimes in conjunction with desmopressin or an alarm. It works by helping the bladder to relax. Some children react with side effects like a dry mouth, facial flushing, itch, nausea, constipation and / or abdominal discomfort.

## Daytime accidents

If your child also has accidents during the day, it may be best to seek professional help for this before trying to tackle the night time wetting. It is vital that children have easy access to good quality drinking and toilet facilities at all times during the day, at home and at school – a confidential word with the teachers can help to enlist his or their support.

## Holidays

Nights away from home, although understandably a source of anxiety, do not have to be avoided. Most school trip organisers are familiar with this problem and can deal with it discreetly. To help holiday management, there are waterproof washable, sleeping bag liners and special hygiene packs available. Parents can sometimes discover that their child stays dry when away from home. Why this is so is not really known. It may be that in an unfamiliar environment the body is in greater state of “alertness”, thus making it easier for children to be aware of the sensation of a full bladder and respond by waking up and “holding on”.

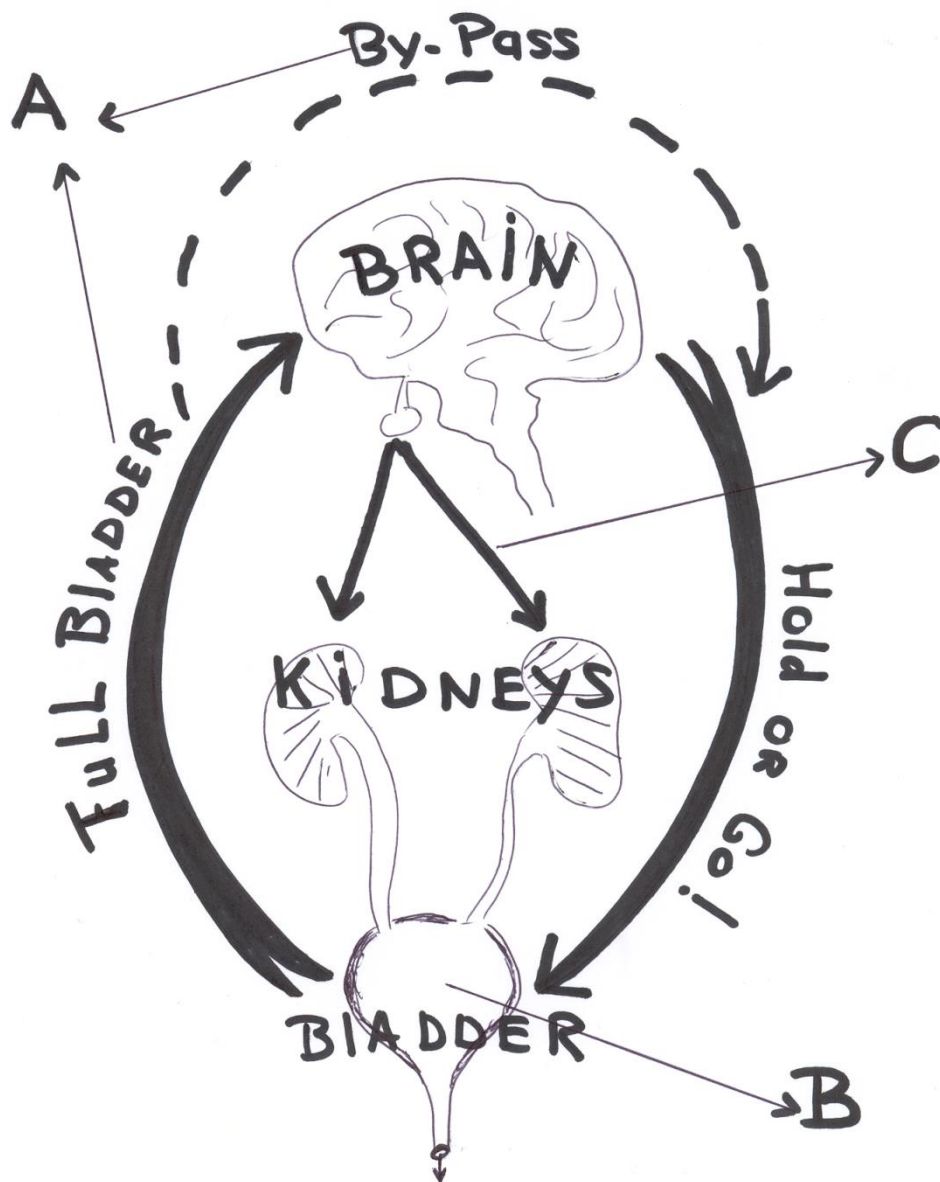
### SOME DOs AND DON'Ts FOR PARENTS

#### DO

- Do** encourage the child to drink throughout the day. It is important that they recognise the feeling of a full bladder.
- Do** avoid fizzy drinks at bedtime and drinks, which contain caffeine or tartrazine, such as blackcurrant, tea, coffee, coke and chocolate. These can cause more urine to be produced or irritate the bladder.
- Do** ensure that the child has plenty of fruit, vegetables, cereal and fluids. This will help to avoid constipation, which can contribute to bedwetting.
- Do** ensure that the child goes to the toilet before going to bed.
- Do** leave the light on at night to ensure that the child has easy access to the toilet.
- Do** make sure that the mattress and bed are adequately protected.
- Do** allow the child to help with changing the bed & nightclothes. It does help if they are actively involved in overcoming the problem.
- Do** make sure that the child has a bath or shower each morning. This removes the smell of stale urine and avoids the child being teased and tormented at school.
- Do** stay calm, be prepared and try not to worry.
- Do** remember, bedwetting is neither the child's fault nor the parents. Patience, love and encouragement will go a long way to resolving the problem for everyone in the family.
- Do** take your child out of nappies, but do make sure that the mattress and bedding are protected. While attending the enuresis clinic, we advise NOT to wear nappies/pull-ups as it hinders getting your child dry.

#### DON'T

- Do not** get cross with your child; it's not their fault.
- Do not** use waking the child as a long-term strategy to overcome bedwetting.
- Do not** use nappies or restrict fluids at night as a way to cure the bedwetting.



**“Three Systems”**

**THE THREE SYSTEMS APPROACH**



# Cause and Treatment Principles

## **System A:** (most children)

Cause: Lack of arousal

Result: Full bladder doesn't alert the brain or "by-pass" slow

Treat: Alarm in over sevens

## **System B:** (often also daytime wetting)

Cause: Irritable bladder

Result: Too easily emptying bladder

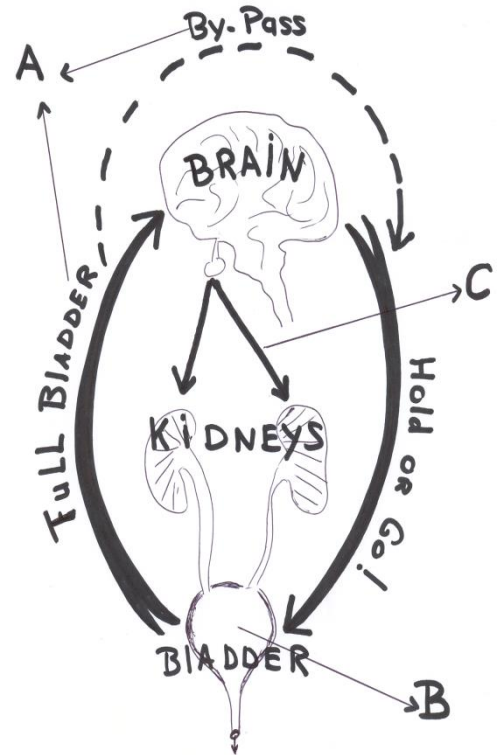
Treat: Antibiotics, bladder relaxants

## **System C:**

Cause: Lack of vasopressin

Result: Too much urine

Treat: DesmoMelt



Or

## **Combination of the above**

## Pre-Arrival Assessment Pack (PAAP)

Date: \_\_\_ / \_\_\_ / 20\_\_ (or postmark date)

Dear parents or guardian,

You have been referred to our clinic because your child has faecal or daytime urinary incontinence, bedwetting or both. We need you to provide us with more information prior to coming to the first appointment. Please provide this information by completing the enclosed questionnaire and two charts (PAAP) BEFORE we can offer you the first appointment. Please find enclosed:

- ✓ **Baseline Questions for new Urinary Incontinence Assessment:**
  - ✓ Please complete all questions on BOTH sides
  - ✓ Record dry/wet nights for 14 days
- ✓ **Seven day bladder and bowel diary – Part 1 (See example)**
  - ✓ Please read the instructions carefully
  - ✓ Read carefully what to record under the column marked with #
  - ✓ You need to record the volume of the wee
  - ✓ You need to use pull-ups during this recording at night
- ✓ **Seven day bladder and bowel diary – Part 2 (See example)**
  - ✓ Please read the instructions carefully
  - ✓ Read carefully what to record under the column marked with #
  - ✓ You need to use pull-ups during this recording
  - ✓ You DO NOT need to record the volumes of the wee during the day, just ticks
- ✓ Post the above complete pages to the clinic in the enclosed envelop or email to [pic.breffni@icloud.com](mailto:pic.breffni@icloud.com)

For questions, please ring 049 437 6474

Yours sincerely,

*Prof Nick van der Spek*

on behalf of the PIC clinic

# Baseline Questions Urinary Incontinence Assessment – PIC Cavan

*Patient sticker*

Name .....

Date of birth .....

Address .....

.....

.....

**Dear parent,  
you will be seen shortly in our Paediatric  
Incontinence Clinic. Please complete the following  
night time wetting chart and all questions on both  
sides of this page and return to us before we can  
consider you for an appointment.**

**Please record if your child was dry or wet at night for a period of at least TWO weeks  
without lifting:**

Week 1		Week 2	
Monday	Dry/Wet	Monday	Dry/Wet
Tuesday	Dry/Wet	Tuesday	Dry/Wet
Wednesday	Dry/Wet	Wednesday	Dry/Wet
Thursday	Dry/Wet	Thursday	Dry/Wet
Friday	Dry/Wet	Friday	Dry/Wet
Saturday	Dry/Wet	Saturday	Dry/Wet
Sunday	Dry/Wet	Sunday	Dry/Wet
<b>Total:</b>		/	

**Please complete all questions below and bring to your first clinic appointment:**

What is the longest consecutive period your child has ever been fully dry at night, if at all?	<input type="checkbox"/> Never <input type="checkbox"/> less than 2 week <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6 or more month
- If so, how long ago did that dry spell happen?	..... months ago
- If he/she has been fully dry for more than 6 months in a row, do you know what made him/her start wetting again?	<input type="checkbox"/> Yes <input type="checkbox"/> No Why? .....
At the moment how many <u>dry nights per week</u> are there on average?	..... dry nights per week on average
How wet is the patch in the bed or pull-up/nappy?	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
If he wets, how many times does he/she wet per night?	<input type="checkbox"/> 1 per night <input type="checkbox"/> 1-2 per night <input type="checkbox"/> 3 or more times
Does he wake up when he/she wets?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times
At what age was he/she dry by day?	At about ..... years of age
Is your child involved in cleaning up after a wet night? E.g. telling you, pull sheets, wash self etc	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times
Are there any fears or problems accessing the toilet at night?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does he/she get up and use the toilet at night without wetting?	<input type="checkbox"/> Never <input type="checkbox"/> Some nights <input type="checkbox"/> Most nights
Does he/she share a bedroom?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If sharing a bedroom, are there bunk beds?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there a TV in the bedroom?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is he/she usually dry when sleeping away from home?	<input type="checkbox"/> No <input type="checkbox"/> Yes

**PLEASE CONTINUE ON THE OTHER SIDE FOR MORE QUESTIONS**

### On-going baseline questions ...

Do/Did you "lift" your child during the night to put him/her on the toilet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In the past only
Do/Did you restrict his/her fluids in the evening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In the past only
Are/were you using any medication <u>for the wetting</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In the past only
If so, what medication is/was that?	<input type="checkbox"/> DesmoMelt	<input type="checkbox"/> Ditropan/Cystrin	<input type="checkbox"/> Antibiotics
Do you use nappies/pull-ups at night for your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you tried other treatments in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What?:.....
Do you use protective covers for Bed/Duvet/Pillow?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Have you difficulties accessing the clinic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there another family member who wet the bed beyond age of 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who?: .....
Do you consider your child to be a very deep sleeper?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Why?: .....
Are there stressing problems at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is so, we'll ask for detail in clinic
Are there stressing problems at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is so, we'll ask for detail in clinic
How mature is your child for his/her age?	<input type="checkbox"/> Less	<input type="checkbox"/> Average	<input type="checkbox"/> More mature

### DAYTIME SYMPTOMS

Is there any wetting or "damp pants" during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How often? .....
Has he/she difficulties holding? I.e. is there urgency: does he/she have to go when he/she has to go!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In a whole day, how often is he/she doing a wee?	..... times per day		
Does he/she wet when he/she jumps or coughs?	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Does it (ever) hurt or sting when passing wee?	<input type="checkbox"/> Yes	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Does he/she produce a "good stream" when peeing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does he/she ever have blood in his/her wee?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

### MEDICAL DETAILS

\* = Is so, we'll ask for detail in clinic

Did he/she ever have a kidney infection? (UTI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Did he/she ever have a fit/seizure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Does he/she pass a poo every day?	<input type="checkbox"/> No*	<input type="checkbox"/> Yes
Does he/she ever soil his pants?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Does he/she have any other disease seeing GP or other doctor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Is there any family disruption? Parent away, sick, ongoing divorce etc.	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Is he/she on any medication, inhalers, creams etc?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*

**Please read:** To enable us to provide you and your child with a medical service to get your child dry, we request and record personal and clinical information. This includes the above clinical data, the personal details provided by the person who referred you and the child and information obtained during clinic attendance. This data is collected and processed on the HSE iPIMS, our Electronic Enuresis File and paper charts in according with the European General Data Protection Regulation, May 2018. This data is used to make clinical decisions and follow response to treatment of your child as well as analysis of the quality of our service and the outcome of the analysis used anonymously to improve our service. We would like you to give your consent to using your data as stated above by signing below. Thank you.

**Signed by parent or guardian:**

**Please send this questionnaire to us before your first clinic appointment.  
We can't do the first assessment without this information**

Name .....

Date of birth .....

MRN .....

**Part 1 as 2 consecutive days if possible**

## Seven day bladder and bowel dairy – Part 1 with 48 hour urine measurements

		Day 1			Day 2		
Date →							
<p><b>Every time you drink of pee</b> record the drink or pee volume (how many mL) here →</p> <p>In the column marked with <b>#</b> we want you to mark these things:</p> <p>A <b>"W"</b> if the underpants become wet with urine;                      A <b>"L"</b> if more than the underpants become wet with urine;                      An <b>"U"</b> if you feel a sudden intense desire to pee;                      A <b>"P"</b> if you have a poo in the toilet;                      An <b>"E"</b> if there is poo in the underpants.</p>	Time	Urine volume	Fluid intake	#	Urine volume	Fluid intake	#
	06:00						
	07:00						
	08:00						
	09:00						
	10:00						
	11:00						
	12:00						
	13:00						
	14:00						
	15:00						
	16:00						
	17:00						
	18:00						
	19:00						
20:00							
21:00							
22:00							
23:00							
00:00							
The time you went to bed is filled here →		hr			hr		
The weight of the Pull-up is filled in here →		gram			gram		
Mark here if the following night was dry or wet →		Dry night <input type="checkbox"/>	Wet night <input type="checkbox"/>		Dry night <input type="checkbox"/>	Wet night <input type="checkbox"/>	
Did you wake up to do a pee during the night? If, woke to pee, volume:		No <input type="checkbox"/>	Yes <input type="checkbox"/>	mL	No <input type="checkbox"/>	Yes <input type="checkbox"/>	mL
If "wet" in morning, fill in the new Pull-up weight here →		gram			gram		
Wake-up time next morning →		hr			hr		
How much urine (how many millilitres) did you pee <b>immediately</b> after getting up?		mL			mL		

Name .....  
 Date of birth .....  
 MRN .....

## Seven day bladder and bowel dairy – Part 2

		Day 3		Day 4		Day 5		Day 6		Day 7	
Date →											
These days you only need to mark with an "X" in the "Pee column" every time you go to the toilet and pee (you don't need to tell us the urine volume).  In the "# column" marked the same as during the first two days:  A "W" for wet underpants; A "L" if more than the underpants become wet; An "U" if you feel a sudden intense desire to pee; A "P" if you have a poo in the toilet; An "E" if there is poo in the underpants	Time	Pee	#	Pee	#	Pee	#	Pee	#	Pee	#
	06:00										
	07:00										
	08:00										
	09:00										
	10:00										
	11:00										
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20:00											
21:00											
22:00											
23:00											
00:00											
The time you went to bed is filled here →		hr		hr		hr		hr		hr	
The dry-weight of the Pull-up is filled in here →		g		g		g		g		g	
Mark here if the following night was dry or wet →		Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>
Did you wake up to do a pee during the night? If, woke to pee, volume:		No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		mL		mL		mL		mL		mL	
If "wet" in morning, fill in the new Pull-up weight →		g		g		g		g		g	
Wake-up time next morning →		hr		hr		hr		hr		hr	
How much urine (how many millilitres) did you pee <b>immediately</b> after getting up?		mL		mL		mL		mL		mL	

Name .....

Date of birth .....

MRN .....

**Part 1 as 2 consecutive days if possible**

**Example - Seven day bladder and bowel diary – Part 1 with 48 hour urine measurements**

		Day 1			Day 2		
Date →		01	02	2021	02	02	2021
<p><b>Every time you drink of pee</b> record the drink or pee volume (how many mL) here →</p> <p>In the column marked with <b>#</b> we want you to mark these things:</p> <p>A <b>"W"</b> if the underpants become wet with urine;                      A <b>"L"</b> if more than the underpants become wet with urine;                      An <b>"U"</b> if you feel a sudden intense desire to pee;                      A <b>"P"</b> if you have a poo in the toilet;                      An <b>"E"</b> if there is poo in the underpants.</p>	Time	Urine volume	Fluid intake	#	Urine volume	Fluid intake	#
	06:00						
	07:00						
	08:00	310	200	-	110	150	-
	09:00						
	10:00		400				
	11:00	200		-		150	
	12:00				250		<b>U</b>
	13:00		200				
	14:00	250			<b>U</b>	250	
	15:00				240		<b>W</b>
	16:00						
	17:00	155			<b>P</b>		
	18:00		310		150	400	-
	19:00						
20:00	210	210		200	150	-	
21:00	80			50		-	
22:00							
23:00							
00:00							
The time you went to bed is filled here →		21:15 hr			21:00 hr		
The weight of the Pull-up is filled in here →		60 gram			60 gram		
Mark here if the following night was dry or wet →		Dry night <input type="checkbox"/> Wet night <input checked="" type="checkbox"/>			Dry night <input checked="" type="checkbox"/> Wet night <input type="checkbox"/>		
Did you wake up to do a pee during the night? If, woke to pee, volume:		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> mL			No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> mL		
If "wet" in morning, fill in the new Pull-up weight here →		200 gram			60 gram		
Wake-up time next morning →		08:00 hr			08:10 hr		
How much urine (how many millilitres) did you pee <b>immediately</b> after getting up?		110 mL			300 mL		

Name .....

Date of birth .....

MRN .....

**Example - Seven day bladder and bowel diary – Part 2**

		Day 3		Day 4		Day 5		Day 6		Day 7		
Date →		03/02/2021		04/02/2021		05/02/2021		08/02/2021		09/02/2021		
<p>These days you only need to mark with an "X" in the "Pee column" every time you go to the toilet and pee (you don't need to tell us the urine volume).</p> <p>In the "# column" marked the same as during the first two days:</p> <p>A "W" for wet underpants; A "L" if more than the underpants become wet; An "U" if you feel a sudden intense desire to pee; A "P" if you have a poo in the toilet; An "E" if there is poo in the underpants</p>	Time	Pee	#	Pee	#	Pee	#	Pee	#	Pee	#	
	06:00											
	07:00											
	08:00	✓	<b>P</b>	✓	-	✓	-	✓	-	✓	-	
	09:00											
	10:00	✓	-			✓	-	✓	-			
	11:00			✓	-					✓	-	
	12:00											
	13:00	✓	<b>U</b>	✓	-	✓	<b>P</b>	✓	<b>P</b>	✓	-	
	14:00			✓	-							
	15:00	✓	-					✓	-	✓	-	
	16:00					✓	-	✓	-			
	17:00			✓	<b>W</b>					✓	<b>P</b>	
	18:00	✓	-			✓	-					
	19:00			✓	-			✓	-	✓	-	
	20:00	✓	-									
21:00	✓	-	✓	<b>L</b>	✓	-	✓	-	✓	-		
22:00												
23:00												
00:00												
The time you went to bed is filled here →		21:00 hr		20:30 hr		20:30 hr		20:30 hr		21:00 hr		
The dry-weight of the Pull-up is filled in here →		60 g		60 g		60 g		60 g		60 g		
Mark here if the following night was dry or wet →		Dry ✓	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet ✓	Dry ✓	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet ✓	Dry ✓	Wet <input type="checkbox"/>	
Did you wake up to do a pee during the night?		No <input type="checkbox"/>	Yes ✓	No ✓	Yes <input type="checkbox"/>	No ✓	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes ✓	No ✓	Yes <input type="checkbox"/>	
If, woke to pee, volume:		150 mL		mL		mL		200 mL		mL		
If "wet" in morning, fill in the new Pull-up weight →		60 g		200 g		60 g		100 g		60 g		
Wake-up time next morning →		07:30 hr		08:00 hr		08:00 hr		08:00 hr		08:00 hr		
How much urine (how many millilitres) did you pee <b>immediately</b> after getting up?		100 mL		120 mL		310 mL		50 mL		270 mL		



