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## **Identifying Continence Options after Stroke**

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### Patient 3 day Diary

Name: -----

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# How to fill in the diary

Please fill in this diary over 3 consecutive days.

Whenever you pass urine, please tick the box and mark if you had any leakage. Put S (Small), M (Medium) or L (Large) depending on how much leakage you had

Whenever you have a drink, please mark what you had to drink and how much. If possible try to use the same type of cup so you know the amount.

e.g. cup/glass or beaker = 200ml

## Example

	Time Passed urine	Leaked Yes/No	Small Moderate Large	Reason for leakage	Drink type	Amount drank(mls)
8-9am	7.45	yes	S	Struggled with clothes		
9-10am					tea	200mls

<b>10-12</b>	<b>11</b>	<b>yes</b>	<b>L</b>	<b>Could not stop it</b>		
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	<b>Time passed urine</b>	<b>Leaked Yes/No</b>	<b>Small Moderate Large</b>	<b>Reason for leakage</b>	<b>Drink type</b>	<b>Amount Drank</b>
	7-8am					
	8-9am					
	9-10am					
	10-11am					
	11-12am					
	12-1pm					
	1-2pm					
	2-3pm					
	3-4pm					
	4-5pm					
	5-6pm					
	6-7pm					
	7-8pm					

8-9pm						
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**Date:**

**Date:**

	<b>Time passed urine</b>	<b>Leaked Yes/No</b>	<b>Small Moderate Large</b>	<b>Reason for leakage</b>	<b>Drink type</b>	<b>Amount Drank</b>
	7-8am					
	8-9am					
	9-10am					
	10-11am					
	11-12am					
	12-1pm					
	1-2pm					
	2-3pm					
	3-4pm					
	4-5pm					
	5-6pm					
	6-7pm					
	7-8pm					

8-9pm						
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**Date:**

	<b>Time passed urine</b>	<b>Leaked Yes/No</b>	<b>Small Moderate Large</b>	<b>Reason for leakage</b>	<b>Drink type</b>	<b>Amount Drank</b>
	7-8am					
	8-9am					
	9-10am					
	10-11am					
	11-12am					
	12-1pm					
	1-2pm					
	2-3pm					
	3-4pm					
	4-5pm					
	5-6pm					
	6-7pm					

7-8pm						
8-9pm						

**Comments: please record any thoughts or ideas about your continence progress this week and how you have found completing the paperwork.**