

Reference:

1. Vande Walle J, Rittig S et al., E J Pediatr (2012) 171: 971-983

Provided by:
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Your doctor has given you this diary to help establish what is causing your child to wet the bed and to offer help to treat the cause.

## How do I use the diary?

Record for a period of 4 days (this can be over 2 consecutive weekends if more convenient) exactly what, when and how much your child drinks, all bladder activity and bowel movements from getting up in the morning to going to bed at night. This detailed information will help your doctor to see if there are any underlying problems with your child's bladder.

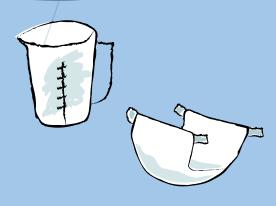
In addition, you will need to record night-time findings for 7 consecutive nights as illustrated in the example overleaf. This is necessary to assess if your child suffers from overproduction of urine during the night (nocturnal polyuria).

## what will I need?

**During the day** you will need a measuring cup or jug to gauge the amount of urine your child produces *every* time they visit the toilet.

**At night-time,** you will need your child to wear a diaper (nappy) to measure the amount of urine that is produced at night.

You will also need weighing scales to help calculate the volume of urine produced. This is done by weighing the dry diaper before putting on your child, then subtracting this from the weight of the wet diaper. You then convert this weight into millilitres (ml) and record in the diary.



19 = 1ml

## A daytime diary will assess your child's bladder capacity

Example:

Day 1 - Daytime Date: 10th March 2012

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Time	Drink volume (ml)	Type of drink	Volume of urine (ml)	Urgency (yes/no)	Leakage of urine (yes/no)	Bowel movement
8.10	100	Milk				
8.40			140	No	No	
9.10						Normal
			1		+	

\*loose/normal/hard

## A night-time diary will assess your child's production of urine at night

Example:

Day 1 - Night-time Date: 10th March 2012 Time to bed: 7pm Time getting up: 7.30am

Bed (wet/dry)	weight of nappy/ volume of urine (ml)	went to toilet (yes/no)	Woke up (yes/no)	1st morning void (ml)
wet	100	No	No	140

This diary format is adapted from the 2012 Practical Consensus Guidelines for the management of bedwetting (enuresis).<sup>1</sup>



Day 1 - Daytime Date:

Time	Drink volume (ml)	Type of drink	Volume of urine (ml)	Urgency (yes/no)	Leakage of urine (yes/no)	Bowel movement*

\*loose/normal/hard

Day 2 - Daytime Date:

Time	Drink volume (ml)	Type of drink	Volume of urine (ml)	Urgency (yes/no)	Leakage of urine (yes/no)	Bowel movement*
1						

Day	3 -	Daytime	Date:
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Time	Drink volume (ml)	Type of drink	Volume of urine (ml)	Urgency (yes/n <sub>0</sub> )	Leakage of urine (yes/no)	Bowel movement*

\*loose/normal/hard

Day 4 - Daytime Date:

<i>y</i> -1/1/1100					
Drink volume (ml)	Type of drink	volume of urine (ml)	Urgency (yes/no)	Leakage of urine (yes/no)	Bowel movement*
	Drink volume				

Day 1 - Nig	ht-time Date:	Time	to bed:Time	e getting up:
Bed (wet/dry)	weight of nappy/ volume of urine (ml)	went to toilet (yes/no)	Woke up (yes/no)	1st morning void (ml)
\				
Day 2 - Mig	ght-time Date:	Time	to bed:Time	e getting up:
Day 3 - Nig	ht-time Date:	Time	to bed:Time	e getting up:
Day 4 - Nig	ght-time Date:	Time	to bed:Time	e getting up:
Day 5 - Nig	ght-time Date:	Time	to bed:Time	e getting up:
Day 6 - Nig	ht-time Date:	Time	to bed:Time	e getting up:
Day 7 - Nig	ht-time Date:	Time	to bed:Time	e getting up: