

Visit (please circle): Baseline / 6w / 12w / 18wk



ELECTRIC 24hr Bladder Diary & Pad Collection

Trial ID.....

Participant initials

Care home.....

See overleaf for instructions on completing **SEE POSTER FOR GUIDANCE**

*** Document all toileting throughout please, especially start & end**

Start Date.....				Pad collection		
Time	Taken to toilet ✓ Or resident requested*	Passed urine in toilet Y/N/DK	BO/FI ? BO or FI	Pad change? Y/N	Pad Size Write each size	Added to 24 hour pad collection ✓
* 8am						
9am						
10am						
11am						
12noon						
1pm						
2pm						
3pm						
4pm						
5pm						
6pm						
7pm						
8pm						
9pm						
10pm						
11pm						
Midnight						
1am						
2am						
3am						
4am						
5am						
6am						
* 7am						

Instructions for completing 24hr bladder diary and pad collection

1. Ensure clean pad is used at start of collection
2. Indicate times taken to toilet:
 - tick (✓) if routine toileting
 - **put a star** * if resident requested to use toilet
 - Indicate if passed urine in toilet -Yes (**Y**),
No (**N**),
Don't know (**DK**)
 - Indicate if Bowel opened (**BO**)/ or Faecal Incontinence (**FI**)
 - Tick if you change the pad
 - Write size of each pad taken off
 - Tick to confirm you have added a pad to the collection bag

Collect **all** pads worn by the resident

for the 24hr period

Include **soiled** pads and **dry** pads

Put into the bags provided