

Contino® Bladder Diary

This bladder diary documents what, when and how much fluid you drink, when and how much you urinate (pee) in a toilet, and when, why and how much your bladder leaks. This information is used to develop a personalised treatment plan for you. Please refer to the reference guide to complete.

Reference Guide

Time	Select correct row based on (hour of the day) (period am/pm)
Fluid Intake	Record type & quantity of fluid consumed (mL, ounces, cups)(250mL=8oz=1cup)
Urine Output	Each time you empty your bladder measure: • The pee in a container and record the amount; • If you can't measure it, estimate the amount: • Small = 150mL or less • Medium = 150 to 250mL • Large = 250mL or more
Urine Colour	Note colour: Clear, Pale Yellow, Dark Yellow, Brown, Other
Urine Stream	Note stream: Dribbling, Normal, Forceful, Starts/Stops, Split/Forked, Other
Leakage	 Each time your bladder leaks into a pad/brief/clothes estimate the amount: Small = few drops (150mL or less) Medium = wet underwear/pad (150 to 250mL) Large = soaked clothes/pad (250mL or more)
Activity When	Record the activity when the leak occurred:
Leaking	Sit to stand, exercising, cough, sneeze, sudden movement
Pad/Brief Saturation	When discarding a pad/brief note saturation as: Small, Medium, Large
Urge	Record Yes/No if urge felt prior to a pee or leak
Urge Strength	Record Mild, Moderate, Strong
Pad or Brief	Each time a new pad or brief is used record: P = pad, B = brief
Record	Information about pads and briefs, wakeup and sleep times, other
How to	Enter the information digitally, save and return by email to
Complete this Form	support@life360innovations.com OR print and complete with a pen, scan/take a photo and return by email OR mail to Life360 Innovations, 1200-555 West Hastings St., Vancouver, BC, V6B 4N6

VERSION: 9034B

Name	Date	Height	Weight	Contino worn (Y/N)	Day 1	Day 2	Day 3

Time	Fluid I	ntake	Uri (see	ne Output keys below)	Leakage into Pad or	Activity during	Pad/Brief Saturation	aturation		New Pad/Brief
	Type I.e. water	Volume mL/Cup	Volume mL/Cup	Urine Colour	Urine Stream	Brief mL/Cup	Leakage	(see key)	Y/N	Strength (see key)	
6-7am						_					
7-8am											
8-9am											
9-10am											
10-11am											
11-12noon											
12-1pm											
1-2pm											
2-3pm											
3-4pm											
4-5pm											
5-6pm											
6-7pm											
7-8pm											
8-9pm											
9-10pm											
10-11pm											
11-12pm											
12-3am											
3-6am											
TOTALS											

Note number a	nd style of pads used:			
Waking time:	Sleep time	:	# Night Wakings:	

Urine Colour: Clear, Pale Yellow, Dark Yellow, Brown, Other (please note)
Urine Stream: Dribbling, Normal, Forceful, Starts/Stops, Split/Forked, Other (please note)
Urge Sensation: Mild, Moderate, Strong
Pad Saturation: Small (damp), Medium (wet but contained), Large (saturated, leaking, messy)
Need help? Call us toll free M-F between 9am-5pm PST at (833)543-3311 or email support@life360innovations.com



Name	Date	Height	Weight	Contino worn (Y/N)	Day 1	Day 2	Day 3

Time	Fluid I	ntake	Uri (see	ne Output keys below)	Leakage into Pad or	Activity during	Pad/Brief Saturation	Urge Sensation		New Pad/Brief
	Type I.e. water	Volume mL/Cup	Volume mL/Cup	Urine Colour	Urine Stream	Brief mL/Cup	Leakage	(see key)	Y/N	Strength (see key)	
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3-6am											
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Name	Date	Height	Weight	Contino worn (Y/N)	Day 1	Day 2	Day 3

Time	Fluid I	ntake	Urine Output (see keys below)		Leakage into Pad or	Activity Pad/Brief during Saturation		Urge S	ensation	New Pad/Brief	
	Type I.e. water	Volume mL/Cup	Volume mL/Cup	Urine Colour	Urine Stream	Brief mL/Cup	Leakage	(see key)	Y/N	Strength (see key)	
6-7am											
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