

Bladder Record

Name: _____

Date: _____

| | Urinate in toilet | Amount of leak / accident | Activity during leak | Drink type/ amount |
|-------|-------------------|---------------------------|----------------------|--------------------|
| 6 AM | | | | |
| 7 AM | | | | |
| 8 AM | | | | |
| 9 AM | | | | |
| 10 AM | | | | |
| 11 AM | | | | |
| 12 AM | | | | |
| 1 PM | | | | |
| 2 PM | | | | |
| 3 PM | | | | |
| 4 PM | | | | |
| 5 PM | | | | |
| 6 PM | | | | |
| 7 PM | | | | |
| 8 PM | | | | |
| 9 PM | | | | |
| 10 PM | | | | |
| 11 PM | | | | |
| 12 PM | | | | |
| 1 AM | | | | |
| 2 AM | | | | |
| 3 AM | | | | |
| 4 AM | | | | |
| 5 AM | | | | |
| Total | | | | |

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| 4 PM | | | | |
| 5 PM | | | | |
| 6 PM | | | | |
| 7 PM | | | | |
| 8 PM | | | | |
| 9 PM | | | | |
| 10 PM | | | | |
| 11 PM | | | | |
| 12 PM | | | | |
| 1 AM | | | | |
| 2 AM | | | | |
| 3 AM | | | | |
| 4 AM | | | | |
| 5 AM | | | | |
| Total | | | | |

Number of pads used: _____

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