

PATIENT ID

BLADDER RECORD

Name: _____

Date: _____

Date: _____

	Urinate in Toilet	Amount of Leak/Accident	Activity during leak	Drink type/amount
6am				
7am				
8am				
9am				
10am				
11am				
12am				
1pm				
2pm				
3pm				
4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
12pm				
1am				
2am				
3am				
4am				
5am				
Total				

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4pm				
5pm				
6pm				
7pm				
8pm				
9pm				
10pm				
11pm				
12pm				
1am				
2am				
3am				
4am				
5am				
Total				

Number of pads used: _____

Number of pads used: _____

