

## **BLADDER RECORD**

Name \_\_\_\_\_

Date \_\_\_\_\_

### **INSTRUCTIONS**

Column 1 - Place a check next to the time you urinated in the toilet.

Column 2 - Place a check next to the time you have an accident, large or small.

Column 3 - Place a check next to the time you change your WET PADS.

Column 4 - Note a reason why you may have had an accident.

Column 5 - Make a check for every 8 oz or 1 glass of fluid you drink and indicate if it contains caffeine.

	Column 1	Column 2	Column 3	Column 4	Column 5
TIME INTERVAL	URINATED IN TOILET	HAD AN ACCIDENT	CHANGED WET PAD	REASON FOR ACCIDENT	THE FLUID I DRANK
6-8 AM					
8-10 AM					
10-12 NOON					
12-2 PM					
2-4 PM					
4-6 PM					
6-8 PM					
8-10 PM					
10-12 MID					
OVERNIGHT					

COMMENTS: \_\_\_\_\_