

Name: _____

Date of birth: _____

Bladder Record, continued recorded information

Day Two				Type of drink
Time	Amount Voided	Amount of Leakage	Reason for Accident	Amount of Fluid I Drank

Number of pads or undergarments used today: _____ Date: _____

Name: _____

Bladder Record

Date of birth: _____

Please keep track of your fluid intake and urine output for two 24-hour periods. The 24-hour periods do not have to be consecutive days. Be sure to include a.m. and p.m. when documenting the time of day you urinate, and measure the amount you urinate in ounces or cc's. These markings can be found on a measuring cup. This record is very important in deciding the treatment for your bladder problems.

Day One

Type of drink

Time	Amount Voided	Amount of Leakage	Reason for Accident	Amount of Fluid I Drank

Number of pads or undergarments used today: _____ Date: _____