

BLADDER HABITS

Complete with the time you went to the bathroom,
time you leaked, amount and time of fluid intake

Date: _____

Time	Void	Urine Leak Yes/No	Pad Change Yes/No	Fluid Intake*	Comments**
12 a.m.					
1 a.m.					
2 a.m.					
3 a.m.					
4 a.m.					
5 a.m.					
6 a.m.					
7 a.m.					
8 a.m.					
9 a.m.					
10 a.m.					
11 a.m.					
12 p.m.					
1 p.m.					
2 p.m.					
3 p.m.					
4 p.m.					
5 p.m.					
6 p.m.					
7 p.m.					
8 p.m.					
9 p.m.					
10 p.m.					
11 p.m.					
12 p.m.					

*Amount and type (i.e. 1 cup of coffee). **Did you leak a small or large amount, was your pad wet, did you leak on the way to the bathroom or before. What were you doing at the time (sneezing, exercising, having sex, lifting, etc.)