

CONTINENCE PROGRAM

WEEKLY BLADDER RECORD

Patient Name _____ Week of _____

Insert the following symbols into the appropriate time spaces:

T=toilet urinary L=small leak F=8oz. fluid P=Pad
B=bowel movement A=large leak *=caffeinated

MON, Date _____

6-8AM _____ 6-8 _____
 8-10 _____ 8-10 _____
 10-12 _____ 10-12 _____
 12-2PM _____ Overnight _____
 2-4 _____ Pads used _____
 4-6 _____

Comments _____

TUES, Date _____

6-8AM _____ 6-8 _____
 8-10 _____ 8-10 _____
 10-12 _____ 10-12 _____
 12-2PM _____ Overnight _____
 2-4 _____ Pads used _____
 4-6 _____

Comments _____

WED, Date _____

6-8AM _____ 6-8 _____
 8-10 _____ 8-10 _____
 10-12 _____ 10-12 _____
 12-2PM _____ Overnight _____
 2-4 _____ Pads used _____
 4-6 _____

Comments _____

THU, Date _____

6-8AM _____ 6-8 _____
 8-10 _____ 8-10 _____
 10-12 _____ 10-12 _____
 12-2PM _____ Overnight _____
 2-4 _____ Pads used _____
 4-6 _____

Comments _____

FRI, Date _____

6-8AM _____ 6-8 _____
 8-10 _____ 8-10 _____
 10-12 _____ 10-12 _____
 12-2PM _____ Overnight _____
 2-4 _____ Pads used _____
 4-6 _____

Comments _____

SAT, Date _____

6-8AM _____ 6-8 _____
 8-10 _____ 8-10 _____
 10-12 _____ 10-12 _____
 12-2PM _____ Overnight _____
 2-4 _____ Pads used _____
 4-6 _____

Comments _____

SUN, Date _____

6-8AM _____ 6-8 _____
 8-10 _____ 8-10 _____
 10-12 _____ 10-12 _____
 12-2PM _____ Overnight _____
 2-4 _____ Pads used _____
 4-6 _____

Comments _____

