NAME: ……..
……..

BLADDER AND BOWEL RECORD

DATE: ……...……..

TIME	DRINKS	TOILET	ACCIDENTS		BOWELS
	Amount & type	√ or amount	√ Small/ medium/ large	Reason for leakage	** Bowel movement
☼					
☾ NIGHT					

** Bowel movement:
1. Diarrhea
2. Toothpaste-like
3. Formed but soft
4. Formed and hard
5. Pebble-like