**Bed Wetting Record Chart**

Please fill in the chart below every day, starting today. Please bring the chart with you to your appointment. This will help us work out the best possible treatment for you.

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Number of drinks during the day | Last drink before bed | | Child’s bedtime | Check bed Parent’s bedtime Dry/Wet | Check bed Morning Dry/Wet |
| Time | Type of drink |
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