

# Bedwetting Treatment Center

## Fluid Challenge Report

Patient: \_\_\_\_\_ Counselor: \_\_\_\_\_

Date	Amount Consumed	Time Fluid Consumed	Time of 1 <sup>st</sup> Urge	Time Urinated	Time Held From 1 <sup>st</sup> Urge	Amount Urinated	Morning Measure (if dry)

Comments: