

Relieving Log for: _____

Week of _____

* Include time of relief opportunity with result

** Put in all times of relieving and food and water intake

*** Note where; if urinary or defecation accident; where/what doing

*Date	*Time	Urine	Defecate	** Opp = nothing	Food	Water/amt	***accident	Outing/Walk Time
Sunday	8 a							
	10:30 a							
	1 p							
	4 p							
	5 p							
	8 p							
	11 p							
Monday	8 a							
	10:30 a							
	1 p							
	4 p							
	5 p							
	8 p							
	11 p							
Tuesday	8 a							
	10:30 a							
	1 p							
	4 p							
	5 p							
	8 p							
	11 p							
Wednesday	8 a							
	10:30 a							
	1 p							
	4 p							
	5 p							
	8 p							
	11 p							

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*Date	*Time	Urine	Defecate	** Opp = nothing	Food	Water/amt	***accident	Outing/Walk Time
Thursday	8 a							
	10:30 a							
	1 p							
	4 p							
	5 p							
	8 p							
	11 p							
Friday	8 a							
	10:30 a							
	1 p							
	4 p							
	5 p							
	8 p							
	11 p							
Saturday	8 a							
	10:30 a							
	1 p							
	4 p							
	5 p							
	8 p							
	11 p							