

* Includes 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

Relieving Log for: _____

Week of: _____

* Date	* Time	Urine	Defecate	** Opp = nothing	Food	Water/amt	*** accident	Outing/Walk Time
Sunday	AM							
	am							
	am							
	am							
	PM							
	pm							
	pm							
Monday	AM							
	am							
	am							
	am							
	PM							
	pm							
	pm							
Tuesday	AM							
	am							
	am							
	am							
	PM							
	pm							
	pm							
Wednesday	AM							
	am							
	am							
	am							
	PM							
	pm							
	pm							

* Includes 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

Relieving Log for: _____

Week of: _____

* Date	* Time	Urine	Defecate	** Opp = nothing	Food	Water/amt	*** accident	Outing/Walk Time
Thursday	AM							
	am							
	am							
	am							
	PM							
	pm							
	pm							
Friday	AM							
	am							
	am							
	am							
	PM							
	pm							
	pm							
Saturday	AM							
	am							
	am							
	am							
	PM							
	pm							
	pm							