

Relieving Log for: _____

Week of

*Date	*Time	Urine	Defecate	food	water/amt	**accident **Note where and if urinary or defecation accident--where/what doing
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					
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					