

Baseline bladder/bowel chart

Child's Name: _____

DOB: _____

Date Begun: _____

PAD:	TOILET/POTTY:
W = wet D = dry B = bowels open M = moist/damp	T = toilet/potty TU = wee on toilet TB = poo on toilet

DAY 1 **DAY 2** **DAY 3** **DAY 4** **DAY 5** **DAY 6** **DAY 7**

TIME	Pad Toilet	Drink	Pad Toilet	Drink	Pad Toilet	Drink	Pad Toilet	Drink	Pad Toilet	Drink	Pad Toilet	Drink	Pad Toilet	Drink
7am														
8am														
9am														
10am														
11am														
12pm														
1pm														
2pm														
3pm														
4pm														
5pm														
6pm														
7pm														
8pm														

Drink – volume (e.g. 100 mls / 250 mls etc.)

