By Dr. Donna F. Smith

CLIENT: _____   Dates: From _____ to _____

DAYS OF WEEK →				Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Saturday
DATE (MM/DD/YY) →										
				↓ Time ↓	↓ Time ↓	↓ Time ↓	↓ Time ↓	↓ Time ↓	↓ Time ↓	↓ Time ↓
1	BM	D	M	S						
2	BM	D	M	S						
3	BM	D	M	S						
4	BM	D	M	S						
5	BM	D	M	S						
6	BM	D	M	S						
7	BM	D	M	S						
8	BM	D	M	S						
9	BM	D	M	S						
10	BM	D	M	S						
11	BM	D	M	S						
12	BM	D	M	S						
13	BM	D	M	S						
14	BM	D	M	S						
15	BM	D	M	S						
16	BM	D	M	S						
17	BM	D	M	S						
18	BM	D	M	S						
19	BM	D	M	S						
20	BM	D	M	S						
21	BM	D	M	S						
22	BM	D	M	S						
23	BM	D	M	S						
24	BM	D	M	S						
25	BM	D	M	S						
26	BM	D	M	S						
27	BM	D	M	S						

On **Chart 2 of 2,** record the **Date** under the days of the week. Then in week-day columns, record the time (ex: 08:00 a.m. or p.m.) for each Meal (M), Snack (S), Bowel Movement (BM) and episode of Diarrhea (D). Then on the rows from 1 to 27 for the time recorded, circle the letter M, S, BM or D to indicate whether you are providing the time for a Meal (M), Snack (S), Bowel Movement (BM) Or Diarrhea (D). Then on **Chart 1 of 2**, for each day, record the total number of Meals and Snacks on **Row 7** and BM and Diarrhea episodes on **Row 8**.