

Urination & BM Schedule Chart

_____ Your Son's Name

Date	Time	Time	Time	Time	Time	Time	Time	Time	Time

Directions for use:

Put the day/date in the first column
 Put the time along with the code in the second column
 For that day, add to the time & code to the 3rd, 4th columns
 Continue recording for one week.

CODES:

PP – for urine
 BM – for Bowel Movement
 Both – for both
 Or make your own codes!!



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