

HOW MY DAY WENT!

TODAY I WAS:

HAPPY _____ SLEEPY _____ QUIET _____ GIGGLY _____ HELPFUL _____

ROWDY _____ ENERGETIC _____ DEFIANT _____ WEEPY _____

TODAY I ATE....

BREAKFAST: ALL _____ MOST _____ SOME _____ NONE _____

LUNCH: ALL _____ MOST _____ SOME _____ NONE _____

SNACK: ALL _____ MOST _____ SOME _____ NONE _____

MY DRINKS:

_____ OZ. OR _____ CUPS

TOILET:

DIAPERS: URINE? YES _____ NO _____ HOW MANY WET? _____

BOWEL MOVEMENT? YES _____ NO _____ HOW MANY TIMES? _____ SOFT _____ HARD _____

TOILET: URINE? YES _____ NO _____ HOW MANY TIMES? _____

BOWEL MOVEMENT? YES _____ NO _____ HOW MANY TIMES? _____ SOFT _____ HARD _____

CATHETER: _____ (HOW MUCH?)

MY ACTIVITIES:

SPEECH _____ **MUSIC** _____ **PT** _____ **OT** _____ **COMPUTER SKILLS** _____ **ART** _____

EQUIPMENT: (CHAIR, GAIT TRAINER) _____ **OUTSIDE ACTIVITIES:** _____

MEDICATIONS: _____

NOTES ABOUT MY DAY:

PARENT COMMENTS: _____

PARENT SIGNATURE: _____

Emergency Contact: _____ Phone: _____

Facility of Choice for Emergency Care: _____