

Toileting

Measuring Form

Toilet Training Record for _____

Date: _____

Key:

W = Wet (in pull-up)

D = Dry (in pull-up or regular clothing)

T = Urinated in Toilet

A = Accident

BM = Bowel Movement in Toilet

S = Soiled Clothing or Pull-up

¹ Time	Urination	Bowel Movement	² Drink Intake	³ Food Intake
9:00				
9:30				
10:00				
10:30				
11:00				
11:30				
12:00				
12:30				
1:00				
1:30				
2:00				
2:30				
3:00				

¹ Please indicate time at which child is first seated on toilet with an *.

² For each 1-hour interval, estimate the fluid intake in the preceding **1 hour** block of time (e.g., ½ a juice container, 1 milk container, none, etc.).

³ In addition to recording food intake, please indicate when food was offered but refused.