

Date:

	Sleep	Toileting
12A		
1A		
2A		
3A		
4A		
5A		
6A		
7A		
8A		
9A		
10A		
11A		
12A		
1P		
2P		
3P		
4P		
5P		
6P		
7P		
8P		
9P		
10P		
11P		

Date:

	Sleep	Toileting
12A		
1A		
2A		
3A		
4A		
5A		
6A		
7A		
8A		
9A		
10A		
11A		
12A		
1P		
2P		
3P		
4P		
5P		
6P		
7P		
8P		
9P		
10P		
11P		

Date:

	Sleep	Toileting
12A		
1A		
2A		
3A		
4A		
5A		
6A		
7A		
8A		
9A		
10A		
11A		
12A		
1P		
2P		
3P		
4P		
5P		
6P		
7P		
8P		
9P		
10P		
11P		



## 72 Hour Snapshot

Use this handout to record 3 days to help your doctor learn about your body functions.

### Sleep Column

S - Sleep  
A - Awake

### Toileting Column

U - Urine  
BM - Bowel Movement

#### DAY 1

Intake - List foods and beverages consumed for each meal and all snacks

Toileting- Describe color, size and consistency of bowel movement

Activities - List all activities the person participated in during the day.

#### DAY 2

Intake - List foods and beverages consumed for each meal and all snacks

Toileting - Describe color, size and consistency of bowel movement

Activities - List all activities the person participated in during the day.

#### DAY 3

Intake - List foods and beverages consumed at each meal and all snacks

Toileting- Describe color, size and consistency of bowel movement

Activities - List all activities the person participated in during the day.