

Potty-Training Chart



Day 1-30

Day/Date: _____ Treatment: _____ Poops: <u>1</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>2</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>3</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>4</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>5</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____
Day/Date: _____ Treatment: _____ Poops: <u>6</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>7</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>8</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>9</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>10</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____
Day/Date: _____ Treatment: _____ Poops: <u>11</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>12</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>13</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>14</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>15</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____
Day/Date: _____ Treatment: _____ Poops: <u>16</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>17</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>18</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>19</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>20</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____
Day/Date: _____ Treatment: _____ Poops: <u>21</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>22</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>23</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>24</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>25</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____
Day/Date: _____ Treatment: _____ Poops: <u>26</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>27</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>28</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>29</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____	Day/Date: _____ Treatment: _____ Poops: <u>30</u> Total: <input type="checkbox"/> Poop notes: _____ Pee notes: _____