WEEKLY TRACKER

SUN	MON	TUE	WED	THU	FRI	SAT
Meds: ☐	Meds: ☐	Meds: ☐	Meds: ☐	Meds: ☐	Meds: ☐	Meds: ☐
Type: ___	Type: ___	Type: ___	Type: ___	Type: ___	Type: ___	Type: ___

Type 1:   Type 4:   Type 7:

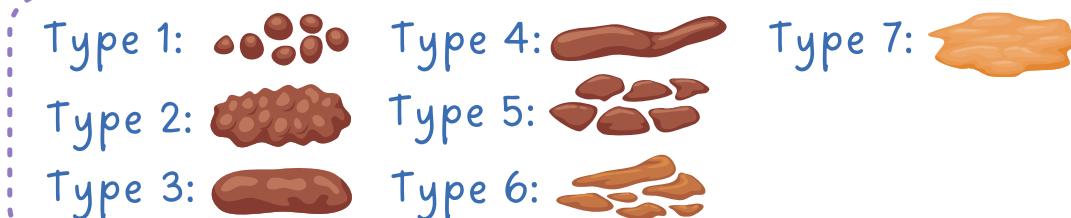Type 2:   Type 5:

Type 3:   Type 6:

Did you poop today?
How was your poop?
Did you take your poop meds?