

## FIT: DAILY LOG

Resident Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_ at 1<sup>st</sup> session \_\_\_\_\_ at 2<sup>nd</sup> \_\_\_\_\_ at 3<sup>rd</sup> \_\_\_\_\_ at 4<sup>th</sup>

**1. Resident's condition at the start of the session (circle one for each session):**

<b>1<sup>st</sup>:</b>	<b>2<sup>nd</sup>:</b>	<b>3<sup>rd</sup>:</b>	<b>4<sup>th</sup>:</b>
Dry	Dry	Dry	Dry
Wet	Wet	Wet	Wet
Bowel	Bowel	Bowel	Bowel
Wet and bowel	Wet and bowel	Wet and bowel	Wet and bowel

**2a. FOR RESIDENTS IN CHECK-AND-CHANGE PROGRAM: Change wet or soiled diapers.**

**2b. FOR RESIDENTS RECEIVING PROMPTED VOIDING: Toileting outcome (circle one for each session):**

<b>1<sup>st</sup>:</b>	<b>2<sup>nd</sup>:</b>	<b>3<sup>rd</sup>:</b>	<b>4<sup>th</sup>:</b>
Refused	Refused	Refused	Refused
Dry run*	Dry run	Dry run	Dry run
Urine	Urine	Urine	Urine
Bowel	Bowel	Bowel	Bowel
Urine and bowel	Urine and bowel	Urine and bowel	Urine and bowel

- A “dry run” means that the resident attempted to toilet but failed to void.

**3. Record the following. Check here if resident cannot exercise due to sickness or pain: \_\_\_\_\_**

Total number of:	1 <sup>st</sup> session	2 <sup>nd</sup> session	3 <sup>rd</sup> session	4 <sup>th</sup> session
Minutes walked				
Sit-to-Stands				
Arm curls/raises (1 time each day; indicate session)				

**4. Fluids offered. Record consumption.**

No. of ounces:	1 <sup>st</sup> session	2 <sup>nd</sup> session	3 <sup>rd</sup> session	4 <sup>th</sup> session
Before exercise				
After exercise				