

Day	Input	Description	Amount in Oz
1	<b>Food:</b>		
	<b>Liquid:</b>		
	<b>Medication:</b>		
	<b>Ouput (approx of bowel movement):</b>		
2	<b>Food:</b>		
	<b>Liquid:</b>		
	<b>Medication:</b>		
	<b>Ouput (approx of bowel movement):</b>		