Date/time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
12:00mid	No.	Service											-10		- 10
1:00am			3	-										-	100
2:00am															
3:00am															
4:00am						V									
5:00am															
6:00am							X-115-15-15-15								-
7:00am															
8:00am															
9:00am	No.														
10:00am					-8.500									du -	
11:00am															
12:00noon		0 ==													
1:00pm															
2:00pm							-					200			
3:00pm	100000														
\$:00pm															
5:00pm									- 80						-
3:00pm															
7:00pm		11/1/2027													
3:00pm							C (250 C) (250 C)								
9:00pm															
0:00pm															
1:00pm															

Please mark the following codes in the column for the day of the month at the hour in which it occurred. For more than one incident in an interval, follow the code with a number, e.g., E2.

- E Excessive Liquid Intake (observed, unscheduled and unathorized consumption of liquid)
- X Reward Earned
- Z Outing Earned

Mark a "Y" for yes or a "N" for no in response the the questions.

Weights:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Before Breakfast								J		0 0 8					
After shower														0.00	
Before outing	3														
After outing															
Before (2nd) outing					.,	VVVV - 252	zien izen iz						- Took - 1/1		
After (2nd) outing											0.8003				
Bedtime		(g													
Mark "X" if overage				7 (82)											

Record weights at the stated intervals. Mark and "R" if client refuses to weigh in. Put an 'X" beneath the row if there is a refusal or weight overeage (5lb, gain since most recent breakfast or bedtime weight) or mark a "0" if there is no overage.

If client shows	ib. variation in weight, redirect away from liquid sources and restrict fluids to
	8oz. only at meals and with medications for the rest of the day.

If client shows _____ib. variation in weight, take immediately to the lab. for testing.

Date/time	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
12:00mid					7											
1:00am																
2:00am		-21				CETTIC TESTS										
3:00am																
4:00am																
5:00am						1										
6:00am																
7:00am																
8:00am										Variety						
9:00am						2 3			77. Year							
10: 00 am				2		112										
11:00am								- 2773/1000								
12:00noon		10.00														
1:00pm																
2:00pm													200			
3:00pm																
4:00pm									day and							
5:00pm									1,000							
6:00pm																
7:00pm																
8:00pm													100			
9:00pm																
10:00pm																
11:00pm																particular and

Please mark the following codes in the column for the day of the month at the hour in which it occurred. For more than one incident in an interval, follow the code with a number, e.g., E2.

- E Excessive Liquid Intake (observed, unscheduled and unathorized consumption of liquid)
- X Reward Earned
- Z Outing Earned

Mark a "Y" for yes or a "N" for no in response the the questions.

Weights:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Before Breakfast																
After shower	7						1									
Before outing		0 0									100					
After outing																
Before (2nd) outing					5000000118											
After (2nd) outing																
Bedtime															()	
Mark "X" if overage																

Record weights at the stated intervals. Mark and "R" if client refuses to weigh in. Put an 'X" beneath the row if there is a refusal or weight overeage (5lb. gain since most recent breakfast or bedtime weight) or mark a "0" if there is no overage.

If client shows	lb. variation in weight,redirect away from liquid sources and restrict fluids to
	8oz, only at meals and with medications for the rest of the day.
If client shows	lb. variation in weight, take immediately to the lab, for testing,