BOG LOG [Address]

(Use this form to keep track when you're in the BOG. Store it in a folder with a pen)

Night/Day	Day Name	Year	Month	Day Nr.	Time	AM/PM	Nr.1,2,3	M/F	Name

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<u>**Legend**</u> [K30 /] Pg____of____

Nr.1,2,3 Nr.1 = Urination Nr.2 = Bowel Motion Nr. 3 = Nr. 1 & 2

M/F M = Male/Man/Boy F = Female/Woman/Girl

Hair & Nails Log

(Use this form to keep track when you cut your Hair, Finger & Toe Nails. Store it in a folder with a pen)

Date	Time	Hair Cut	Nails F	Nails T	Date	Time	Hair Cut	Nails F	Nails T

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Meals Log

(Use this form to keep track when you 've last. Store it in a folder with a pen)

Day	Date	Time	Meal 1	Time	Meal 2	Time	Meal 3	Time	Meal 4	Time	Meal 5	Time	Meal 6

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Shave

(Use this form to keep track when you last shaved your hairy bits. Store it in a folder with a pen)

Day	Date	Time	Type	Day	Date	Time	Type	Day	Date	Time	Type

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Legend [K30 /] Pg____of____

HN= Head & Neck N = Nose E = Ears P=Pubic L=Legs B=Back C=Chest

O=Other F=Face

Shower Log

(Use this form to keep track when and how long you're in the shower. Store it in a folder with a pen)

Day	Date	Time in	Time out	Duration	Day	Date	Time in	Time out	Duration

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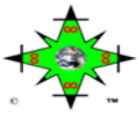
[K30 /]

Pg____of____

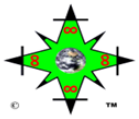
TEETH & GUM CARE



(Use this form to keep track when you last brushed, rinsed & flossed your teeth. Store it in a folder with a pen)

Day	Date	Time	Time	Time	Brushed	Rinsed	Nr.	Extra/s
Sa					Y/N	Y/N		
So					Y/N	Y/N		
Mo					Y/N	Y/N		
Tu					Y/N	Y/N		
We					Y/N	Y/N		
Th					Y/N	Y/N		
Fr					Y/N	Y/N		
Sa					Y/N	Y/N		
So					Y/N	Y/N		
Mo					Y/N	Y/N		
Tu					Y/N	Y/N		
We					Y/N	Y/N		
Th					Y/N	Y/N		
Fr					Y/N	Y/N		
Sa					Y/N	Y/N		
So					Y/N	Y/N		
Mo					Y/N	Y/N		
Tu					Y/N	Y/N		
We					Y/N	Y/N		
Th					Y/N	Y/N		
Fr					Y/N	Y/N		
Sa					Y/N	Y/N		
So					Y/N	Y/N		
Mo					Y/N	Y/N		
Tu					Y/N	Y/N		
We					Y/N	Y/N		
Th					Y/N	Y/N		
Fr					Y/N	Y/N		
Sa					Y/N	Y/N		
So					Y/N	Y/N		
Mo					Y/N	Y/N		
Tu					Y/N	Y/N		
We					Y/N	Y/N		
Th					Y/N	Y/N		
Fr					Y/N	Y/N		
Sa					Y/N	Y/N		
So					Y/N	Y/N		
Mo					Y/N	Y/N		
Tu					Y/N	Y/N		
We					Y/N	Y/N		
Th					Y/N	Y/N		
Fr					Y/N	Y/N		
Sa					Y/N	Y/N		
So					Y/N	Y/N		
Mo					Y/N	Y/N		
Tu					Y/N	Y/N		
We					Y/N	Y/N		
Th					Y/N	Y/N		
Fr					Y/N	Y/N		

Vital Signs Record



(Use this form to keep track at home of your BP, Pulse Rate, & Weight. Store it in a folder with a pen)

Date	Time	SIS	DIA	PULSE	WEIGHT	Date	Time	SIS	DIA	PULSE	WEIGHT

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Weight & Waist Log

(Use this form to keep track at home of your BP, Pulse Rate, & Weight. Store it in a folder with a pen)

Day	Date	Time	Weight Kgs	Waist m'ment	Day	Date	Time	Weight Kgs	Waist m'ment

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