University of Michigan Health System

BOWEL MOVEMENT MONITORING SHEET

Name _____

Complete this sheet by filling in date and time of day each time your child:
1) Has a soiling-accident
2) Sits on toilet and has BM?
3) BM or soiling size (small, medium, large amount) quality (formed, mushy, liquidy, soft/hard)

Date & Time	Soil	BM In Toilet On Own	BM In Toilet At Prompt	Toilet Sit No Output	Size & Quality