



Bowel Diary

Name: _____

Start Date: _____








Instructions: When you have a bowel movement, please fill in the letter(s) corresponding to what happened in the appropriate day and time box.

Key:

N = Normal bowel movement	I = Incontinence/Bowel accident
P = Pad or pants change	S = Straining to pass stool
F = Fingers needed to push stool out (splinting)	

Gas meds	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am							
7am							
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
12am							
1am							
2am							
3am							
4am							
5am							

Notes:

Type 1 Separate hard lumps, like nuts	Type 2 Sausage-shaped but lumpy	Type 3 Like a sausage but with cracks on its surface	Type 4 Like a sausage or snake, smooth and soft	Type 5 Soft blobs with clear-cut edges	Type 6 Fluffy pieces with ragged edges, a mushy stool	Type 7 Watery, no solid pieces, entirely liquid
						

When you have a bowel movement, place the number that best characterizes your stool type in the appropriate place in the table.

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