

Bowel Diary

Keep this diary accurately each day, for about 14 days.
Use with *Bristol Stool Form Chart*

Name: _____

Date/Time of every bowel movement	Stool Description "Choose your poo"	Where in your body did you feel the urge?	Did you push? (strain)	Did you feel empty afterwards ?	Did it hurt? (Before / during / after)	Accident/ Soiling Description of leakage	Fluid Check No. of drinks &/ or total volume. (e.g. +++ or 3L)	Laxatives, aperients, fibre supplements etc (what was taken & when)	Comments Include when bowel movements or leakage happened (e.g. ½ hr after breakfast/ 11am soiling when I was out walking) and other relevant information

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