

Bowel Diary

Keep this diary accurately each day, for about 7 days. Use with **Bristol Stool Form Chart** (available on the Continence Foundation website www.continence.org.au)

Name _____

Date (week beginning) _____

| Day/Time of every bowel movement | Stool description <small>(Refer to Bristol Stool Chart Type 1-7)</small> | Did you feel the urge to go? <small>(Yes/No)</small> | Accident/soiling? <small>Record time in left hand column and note description of leakage in this column</small> | Fluid check <small>(all drinks taken during the 24 hrs - types and quantities)</small> | Laxatives, aperients, fibre supplements, etc <small>(what taken and when)</small> | Comments <small>(include when bowel movement or leakage happened, eg "half hour after breakfast", "11 am, soiling when I was out walking")</small> |
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