

Food, Fiber, Fluid and Bowel Diary

Name: _____ Start Date _____

Instructions: When you eat, drink or have a bowel movement, please fill in the time (including A.M or P.M.) and foods consumed in the appropriate day and category space, and fill in the totals at the end.

Time of Day	Food and Serving Sizes	Fiber Grams	Type of Beverage	Ounces	Bowel Movement type
AM					
PM					
AM					
PM					
AM					
PM					
AM					
PM					
AM					
PM					
AM					
PM					
AM					
PM					
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AM					
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PM					
AM					
PM					
AM					
PM					
AM					
PM					
	Total Grams of Fiber:		Total ounces of non-caffeinated fluid:		

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