

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.

“MBCP- Teamwork, Understanding, Results for you.”

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					
AM					
PM					
AM					
PM					
AM					
PM					
	Total Grams of Fiber:		Total ounces of non-caffeinated fluid:		

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,
						