

# 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  
 P = Pad or pants change  
 F = Fingers needed to push stool out (splinting)

I = Incontinence/Bowel accident  
 S = Straining to pass stool

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Gas Meds
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	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, entirely liquid
						

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