Name _Date _

BOWEL RECORD CHART

Please record **all** of your bowel movements below

Date	Time	Stool Type (please refer to the Bristol Stool Scale©)	Did you reach the toilet on time?	Did you strain?	Did you use a lot of toilet paper?	Did you mark your underwear or pad?	Any other comments e.g. blood/mucus
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	
			Yes/No	Yes/No	Yes/No	Yes/No	

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