

## BOWEL RECORD CHART

Date	Time	Stool Type	Quantity of stool passed  <ul style="list-style-type: none"> <li>• Large</li> <li>• Medium</li> <li>• Small</li> </ul>	Pain, distress or discomfort when passing?  <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Some</li> </ul>	Where Stool was passed?  <ul style="list-style-type: none"> <li>• Toilet</li> <li>• Pants</li> <li>• Other</li> </ul>	Pants soiled?		Dose of laxative taken?				
						Number of times during the day	Type of soiling  <ul style="list-style-type: none"> <li>• Solid</li> <li>• Loose</li> <li>• Stain</li> </ul>	Breakfast	Lunch	Dinner	Night	

**NOTES:**