

BOWEL DIARY – (please use a separate page each day) **NAME** _____

Date: _____

Day of Week: _____

Bowel Medication / Fibre Taken

Night Before: _____

Time: _____

Morning: _____

Time: _____

Using the Bristol stool chart and urge scale provided, please record in the chart below every time you have an urge to defecate, attempt to empty your bowels or experience an accident with your bowels.








TIME	Urge to Open Bowels Y/N Scale: 0-4	Accident* Y / N Amount	Time Taken to Defecate minutes	Stool Type Bristol Chart Type 1 - 7	Effort Required strain: 0 - 4	Felt Empty at End Y / N	COMMENTS

End of Day Assessment.

In terms of how your bowels functioned today, would you regard this day as a

- Good Day for your bowels
- Average Day for your bowels
- Bad Day for your bowels

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
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 (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Urge Scale (use during the day)

Whenever you go to the toilet because you feel an urge to empty your bowels, please rate the intensity of the urge using the scale below

1 = Mild urge, I could delay 30 min if needed
 2 = Moderate urge, I could delay 15min if needed
 3 = Strong urge, I wouldn't want to delay > 5min
 4 = Urgency, I needed to race to the toilet

***Accident:** if you have an accident with your bowels please write the approximate amount eg smear, teaspoon, cupful.

****Effort required:** 0 = minimal strain required, defecation occurred with minimal pressure, 4 = high level straining