

BOWEL CHART

Please record every bowel motion for a minimum of two weeks and also note any episodes of incontinence if applicable. Feel free to note anything else you feel is relevant.

Date	Time	Urge /10	Stool form Type 1-7 (see chart)	Pain /10	Effort required /10	Leakage Type 1-7/wind Pre/post poo Skid (S) Scrape (M) Overflow (L)	Shape/size Small (S) Medium (M) Large (L) Thin/thick	Laxatives Or other relevant meds. Type & time	Comments (strain, pain, bleeding, incomplete empty, helpful strategies, dietary influence)

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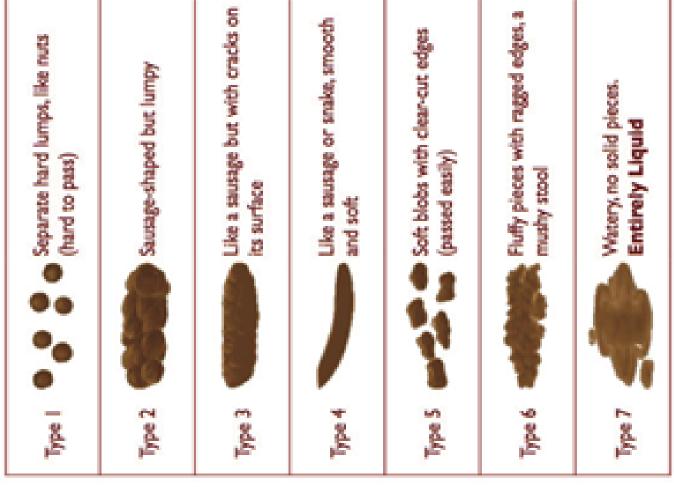
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Bristol Stool Chart



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