

FOOD, DRINK AND BOWEL DIARY

Please read the following before filling in your diary:

Column 1: Write in date in each column below day

Columns 2, 3, 4, 5: Write in all food and drinks taken

Column 6: Write in what laxatives were taken, if any

Column 7: Write in time of bowel movement

Column 8: Write in type of bowel movement (using Bristol Stool Scale)

Column 9: Cross out Yes or No

Column 10: Cross out Yes or No

Please fill in your diary for the number of weeks asked for by your nurse or physiotherapist and bring with you to your next appointment.

Name :

DoB / CHI:

1	2	3	4	5	6	7	8	9	10
DAY & DATE	BREAKFAST	LUNCH	DINNER	SNACKS	BOWEL MEDICINES TAKEN, IF ANY	TIME BOWELS MOVED	STOOL TYPE	DID YOU REACH TOILET ON TIME?	UNDERWEAR STAINED OR SOILED?
MON								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
TUE								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
WED								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
THU								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
FRI								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
SAT								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
SUN								Yes/No	Yes/No
								Yes/No	Yes/No
								Yes/No	Yes/No
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