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

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

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Туре І	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Туре 3	Like a sausage but with cracks on its surface
Туре 4	Like a sausage or snake, smooth and soft
Туре 5	Soft blobs with clear-cut edges (passed easily)
Туре 6	Fluffy pieces with ragged edges, a mushy stool
Туре 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