

Bowel Diary

Date: _____

I woke up at: _____

I went to sleep at: _____

Time	Food/Drink Consumed, Medication (type+amount)	(✓) For each bowel movement	Bowel urgency? 1=mild, 3=strong	Pain/discomfort? 1=mild, 3=strong	Stool Type (see Bristol Stool Chart p2)	Record any accidents or leakage
Midnight						
1am						
2am						
3am						
4am						
5am						
6am						
7am						
8am						
9am						
10am						
11am						
Noon						
1pm						
2pm						
3pm						










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Bowel Diary

4pm						
5pm						
6pm						
7pm						
8pm						
9pm						
10pm						
11pm						

Reference	Description
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 the 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

When completing this diary please refer to the Bristol Stool Chart, available left or to download in full from our website.

Visit bladderandbowel.org/downloads

Keeping a record of medications, what you eat and drink, and bowel movements may highlight certain factors that are causing your bowel problems or making them worse.

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