

Bowel Record Chart

This chart is designed to give the doctors and nurses a good idea of your child's bowel habits. Please fill in the chart every day (referring to the Bristol Stool Form Scale). Start the chart the day after you receive it.

Name:

Date Chart Started:

Medication:

Date	Time	Type of stool <small>(Use number from Bristol Stool Form Scale)</small>	Quantity of stool ♦ Large ♦ Medium ♦ Small ♦ None	Pain and distress when passing stool. ♦ Yes ♦ Some ♦ No	Where was the stool passed? ♦ Toilet ♦ Nappy ♦ Other	Pants soiled?		Drinks Per Day 150ml To 200mls	Dose of laxatives taken			
						Number of times during the day	Type of soiling <small>e.g. Stained, Loose or Solid</small>		Breakfast	Lunch	Dinner	Night

Important things that you need to mention at clinic:

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