AlfredHealth

BOWEL DIARY
Unit:
☐ Alfred ☐ Sandringham ☐ Caulfield

UR	
Last name	
First name/s	
Address	
Date of birth Sex at birth	
Female Male Othe	

Date	Time	How urgent was the need to empty? 0 = no urge 1 = very weak 2 = weak 3 = normal 4 = strong 5 = very strong	Describe any bowel action you pass in the toilet		Describe any leakage, accident, or soiling		Comments e.g. Did you strain
			Stool type Choose a number from the stool chart below 1, 2, 3, 4, 5, 6, 7, Nil	Amount 0 = none 1 = smear 2 = teaspoon 3 = medium 4 = large 5 = complete action	Stool type Choose a number from the stool chart below 1, 2, 3, 4, 5, 6, 7, Nil	Amount 0 = none 1 = smear 2 = teaspoon 3 = medium 4 = large 5 = complete action	to empty the bowels? What were you doing when stools leaked? Did you take any laxative?
Example 23/01/24	9am	3	4	5	6	2	I did not know I leaked
		Type 1		Type 2	2	Type 3	3

Bristol Stool Form Scale

Reference: Lewis, S., & Heaton, K. (1997). Stool Form Scale as a Useful Guide to Intestinal Transit Time. doi.org/10.3109/00365529709011203

Separate hard lumps, like nuts

Type 2



Sausage shape, but lumpy

Туре 3



Like a sausage or snake but with cracks on its surface

Type 4



Like a sausage or snake, smooth and soft

Type 5

Soft blobs with clear-cut edges



Fluffy pieces with ragged edges, a mushy stool





Watery, no solid pieces

AlfredHealth

UR	
Last nam	ie .
First nam	ne/s
Address	
Date of bi	oirth Sex at birth
	Female Male Other

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Separate hard lumps, like nuts



Sausage shape, but lumpy



Like a sausage or snake but with cracks on its surface

Type 4



Like a sausage or snake, smooth and soft

Type 5



Soft blobs with clear-cut edges

Type 6



Fluffy pieces with ragged edges, a mushy stool

Type 7



Watery, no solid pieces