

STOOL DIARY



Client Name:

Please tick the boxes that apply for each bowel movement.

Date	Comments (see notes at bottom)	Time	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6	Type 7	Hard to pass?	Blood?	Smelly?	Greasy/sticky?	Floats/hard to flush?	Food particles?	Fully evacuated?	Pain?	Cramping?	Urgency?
18/11	Painful	10am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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 its 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

Points to consider for comments:

Colour of stool - brown? other?

Duration to complete stool - short? Long?

Volume of stool passed - small? large?

Trigger - did something trigger the bowel movement eg. coffee, medication, exercise, stress?