

Name: ..... DOB: ..... Start Date: .....

## FOOD & BOWEL RECORD

Please record **ALL** you eat and drink each day, including times.

Day	Meal 1	Meal 2	Meal 3	Snacks	Bowels Type (pto)	Other comments e.g, urgent, bleeding, straining exercising, at work ??
Mon						
Tues						
Wed						

Name: ..... DOB: ..... Start Date: .....

Thur						
Fri						
Sat						
Sun						

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# Bristol Stool Chart

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**

