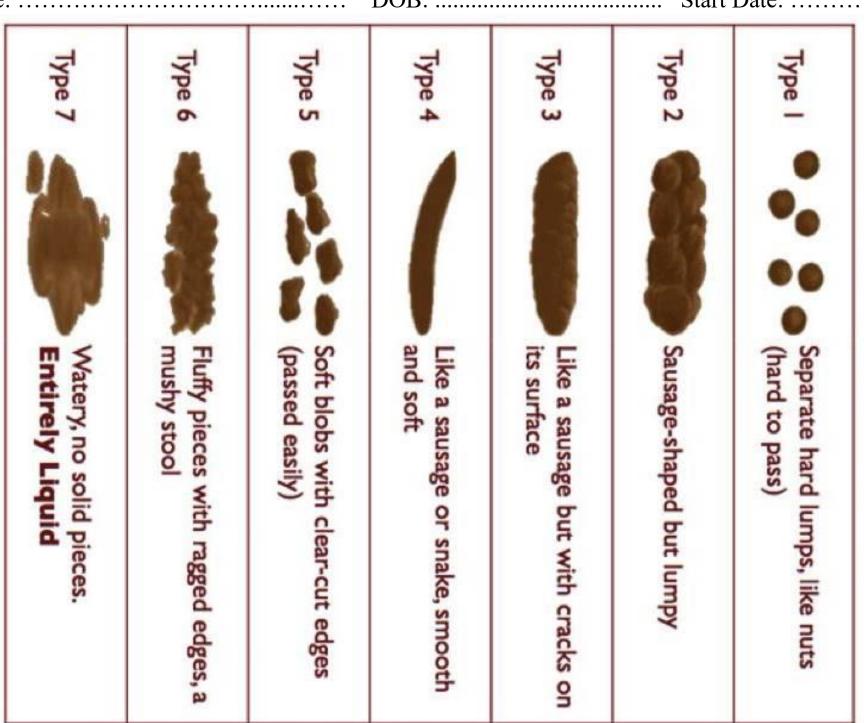
FOOD & BOWEL RECORD Please record ALL you eat and drink each day, including times.							
Day	Meal 1	Meal 2	Meal 3	Snacks	Bowels Type (pto)	Other comments	
Mon							
Tues							
Wed							

Name:			DOB:		Start Date:	
Thur						
Fri						
Sat						
Sun						

Name: DOB: Start Date:

Bristol Stool Chart



Na	me:	DOB:	Start Date:
Ple	ase add any additional comments:		

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