Bowel Record Chart

This chart is designed to give your health care professional a good idea of your child's bowel habits. Please fill in the chart every day if you can (referring to the Bristol Stool Form Scale) for as long as you have been asked to do so. This will also help you monitor your child's progress.

Child's Name: **Date Chart Started:** **Medication:**

Date	Time	Type of Stool (use number from Bristol Stool Form Scale)	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?		Dose of laxatives taken			
						Number of times during the day	Type of soiling ▪ Stained ▪Loose ▪Solid	Breakfast	Lunch	Dinner	Night