ONE LINE PER VISIT · ONE SHEET PER WEEK

Bowel Movement Log

One line each time you go. Circle the numbers; write only the time and anything that came just before. Days with no movement count too: leave the day blank and note it in the tally.

SHEET 02

Name _____ **Week starting** _____



1 Separate hard lumps · 2 Lumpy sausage — HARD · SLOW



3 Cracked sausage · 4 Smooth and soft — COMFORTABLE



5 Soft blobs · 6 Mushy · 7 Watery — LOOSE · FAST

DAY	TIME	STOOL TYPE CIRCLE ONE	URGENCY	STRAINING	EMPTIED?	PAIN	BLOOD MUCUS	WHAT CAME BEFORE: MEAL, DRINK, STRESS, MEDICINE
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	
		1 2 3 4 5 6 7	0 1 2 3	0 1 2 3	Y N	0 1 2 3	○	

Add up the week

Movements this week _____ Days with none _____ Most common type _____ Days of type 1 or 2 _____ Days of type 6 or 7 _____

Laxative, fibre product or remedy used (name, dose, days) _____

! **No movement for three days, or hard stools that do not ease?** Ask a pharmacist. Blood, black stool, or a bowel habit that has changed for more than a few weeks needs a doctor, whatever the log shows.