Bowel Record Chart

This chart is designed to give a good idea of your child’s bowel habits. Please fill in the chart every day (referring to the Bristol Stool Form Scale). Start the chart the day after you receive it. If your child is referred to the children’s continence service, please bring this chart to your first appointment.

Name: DOB: Date chart started: Medication:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |
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Medium * Small
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**Important things that you may need to mention to your healthcare professional:**