

14 Day Food, Bowel & Medication Diary

Name:	Date of Birth:
Address:	NHS number:

It is important to record **everything** you eat and drink.
 Indicate the **time** of day the food was consumed or the stool was observed.
 Do not write “normal diet” – give as much **detail** as you can.
 Refer to the Bristol stool chart to indentify the stool type.
 Indicate if it is passed down the toilet using **T** (toilet).
 Indicate if it is passed into a pad using **P** (pad).
 Indicate if there is any smearing **S** (smearing).
 Medication – note down **any medication** you take to assist your bowels –giving as much **detail** as you can.
 One teacup is approximately 150 mls
 One mug is approximately 200 mls

See example below:

Day 1 / Time	Food + drink consumed	Stool type (Bristol stool chart) (Toilet/Pad/Smearing)	Bowel Medication
Morning / 9am	Black coffee, white toast & jam, apple 150ml of milk	10am – type 2 (T)	Movicol x1 sachet
Afternoon	Veg soup, white bread roll, Kit Kat 200ml water		
Evening	Roast chicken, carrots, potatoes 200ml ribena	6pm - type 2 (P)	Senna x1
Overnight		3am (S) into pad.	

DAY 1						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 2						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 3						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 4						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 5						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 6						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 7						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 8						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 9						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 10						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						








DAY 11						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 12						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 13						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

DAY 14						
	Food & Drink Consumed		Stools (Bristol Stool Chart)			Bowel Medication
	Time	Type	Time	Type	T/P/S	
Morning						
Afternoon						
Evening						
Overnight						

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 the surface
Type 4		Like a sausage or snake smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, Entirely Liquid