**Bowel Record Chart**

**Date Chart Started: NAME CHI**

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| **Date** | **Time** | **Type of Stool**  *(use number from Bristol Stool Form Sclae)* | **Quantity**  **Of Stool**  *Large*  *Medium*  *Small*  *None* | **Pain and distress when passing stool**  *Yes*  *Some*  *No* | **Pants Soiled** | | **Dose of Laxatives taken** | | | |
| **Number to times during the day** | **Type of soiling**  *Stained*  *Loose*  *Solid* | **Breakfast** | **Lunch** | **Dinner** | **Night** |
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