**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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