





<b>Food and Bowel Record Chart</b>										Page 3		
Name					Date started					NHS Number		

F	Food	Time	Day 9			Day 10			Day 11			Day 12		
			F	S	A	S	A	F	S	A	F	S	A	
S	Stool Type	6am												
		7am												
A	Bowel Accident	8am												
		9am												
See the back page for full instructions.		10am												
		11am												
		12 Noon												
		1pm												
		2pm												
		3pm												
		4pm												
		5pm												
		6pm												
		7pm												
		8pm												
		9pm												
		10pm												
		11pm												
		12 midnight												
		1am												
		2am												
		3am												
		4am												
		5am												


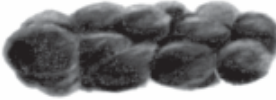





## INSTRUCTIONS

- Please keep a record of consecutive days' food intake and output and bring it to your appointment. This will help us understand your bowel symptoms better.
- Don't worry if it's not perfect or looks messy but try to be as accurate as possible.
- Please write anything that you think might be helpful. Include details of what you were doing, if you think it might be useful

**F** - Try to include detail; e.g. rather than 'sandwich' put – 'wholemeal ham sandwich'. Include all snacks too.

**S**- Stool- Use the chart below to record the number most similar to your bowel movement. Record every occasion - however small.

**A** - Is for any accident/leakage from the back passage. Include smearing or mucus as well as solid stool.

Type 1		Seperate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID