

Seven Day Bowel Chart

Document No: _____

Please complete details for each time the resident has a bowel movement.

ID LABEL

Date	Shift	Time	Type of bowel movement (refer to Bristol Stool Form Scale)	Incontinent of stool Yes/No	Number of pad/clothing changes (identify pads or clothing or both)	Comments (associated circumstances/effects on daily activities/laxative use)
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					

The Bristol Stool Form Scale *(Use this as a guide to the stool type)*



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 its surface



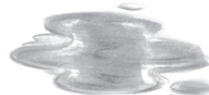
Type 4
Like a sausage or snake, smooth and soft



Type 5
Soft blobs with clear-cut edges (passed quickly)



Type 6
Fluffy pieces with ragged edges, a mushy stool



Type 7
Watery, no solid pieces
ENTIRELY LIQUID

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