

Bowel habit diary

How to complete the diary

This diary is designed to help us understand how your bowels are working on a day to day basis and what factors (such as foods and drinks) may be having an effect on your bowels. Whether your main problem is bowel urgency (the need to go quickly), frequency (the need to go often), incontinence (of solid or loose stool or wind) or difficulty passing a stool/motion, this diary will help us work towards giving the right treatment to improve your symptoms and your quality of life.

Some general guidelines

- Make a note of the date and time you have your bowels open
- Look at the enclosed 'Bristol Stool Form Scale' and record which type of motion you pass each time
- Record any bowel leakage you have noticed (include inability to control wind here too)
- Note how long (approximately) you spent on the toilet
- Record whether you had to strain a lot and whether you had any pain or bleeding
- Note any laxative or anti-diarrhoea medication that you needed to take (also include the type and dosage used)
- Make a note if you need to use your finger(s) or use pressure on the perineum to help empty your bowels
- Also record if you had difficulty wiping / needed to use a lot of toilet paper
- Please also record all you eat and drink each day including times
- Please fill in the form to the best of your ability but don't worry if you can't complete it every time or miss things out. We can discuss it with you at your next appointment
- If a column doesn't apply to you then you may leave it blank

For example:

Date	Time	Stool Type	Motion/wind leakage? Yes/No?	Feeling bloated? Yes/No?	Time spent on toilet	Did you strain a lot? Yes/No?
04/08/18	8.15am	5	Yes - soft stool	No	5 mins	No

Pain/discomfort or bleeding?	Laxative or anti-diarrhoea use? Type? How much?	Need to help with finger/pressure?	Difficulty wiping clean? Yes/ No?	Itchy around anus Yes/ No?	Anxious/Nervous? Yes/No? and reasons why?
No	Immodium 1 tablet 2mg	No	Yes	Yes	No

The Bristol Stool Form Scale

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 easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

Food/drink diary

Week number: Diet plan (e.g. no seeds/nuts+high fibre+high liquid+gluten free+lactose-free+decaf drinks):

Date	Breakfast food and drinks	Lunch food and drinks	Supper food and drinks	Other snacks and drinks

Contact Details

Therapy Services Poole: **0300 019 2121** | Therapy Services Christchurch: **0300 019 4418**

Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB | Christchurch Hospital, Fairmile Road, Christchurch, Dorset, BH23 2JX

Author: **Philippa Irvine**

Date: **February 2022** Version: **One** Review date: **February 2025** Ref: **019/22**

W: www.uhd.nhs.uk



@UHD_NHS



@UHDTTrust



@uhd_nhs