

STOOL RECORD



Child's Name: _____ Medical Record Number: _____

Please use the chart below to record how often your child is having a bowel movement and use the Bristol Stool Chart on the following page to classify what type of stool was passed at each episode.








TIME	SYMPTOMS			TYPE OF STOOL <i>(per Bristol Stool Chart)</i>							MEDICATIONS	
	PAIN	STRAINING	STOOL INCONTINENCE	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6	TYPE 7	TIME	NAME AND DOSE
DAY ONE (1) - DATE: ____/____/____												
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DAY TWO (2) - DATE: ____/____/____												
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DAY THREE (3) - DATE: ____/____/____												
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STOOL DIARY

BRISTOL STOOL CHART

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