



STOOL DIARY

Please complete and take this to your doctor on your next visit

DATE																			
TIME																			
TYPE OF STOOL (use number from stool chart)																			
QUANTITY OF STOOL Large (L) / Medium (M) / Small (S)																			
PAIN / DISTRESS WHEN PASSING STOOL? Yes / No / Some																			
FOR CHILDREN ONLY:	WHERE WAS STOOL PASSED? Toilet / Nappy / Other																		
	PANTS SOILED?																		
	NUMBER OF TIMES DURING THE DAY																		
	TYPE OF SOILING Stained / Loose / Solid																		
DOSAGE OF LAXATIVES TAKEN	BREAKFAST																		
	LUNCH																		
	DINNER																		
	NIGHT																		



When nature needs a nudge™