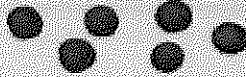
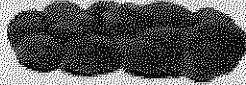
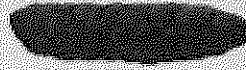


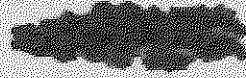



## Bristol Stool Chart

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. <b>Entirely Liquid</b>

Reproduced from Lewis SJ, Heaton KW (1997). "Stool form scale as a useful guide to intestinal transit time". *Scand. J. Gastroenterol.* 32 (9): 9204. doi:10.3109/00365529709011203. PMID 9299672.

### Call Your Child's Doctor If:

If your child is taking a bowel medication and has diarrhea that lasts more than a week call your doctor or nurse practitioner. Call for any bloody stools or extreme pain with bowel movements.

Last Updated: 09/2011



Pediatric Urology  
 Healthy Bladder Clinic  
 Two Week Bowel Movement Diary

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

All Healthy Bladder Clinic patients must complete the Bowel Movement Diary. If this form is not completed, there may be a delay in treatment. This form is very important to understand your child's/teenager's bladder and bowel concerns.

Directions: Use the Two Week Bowel Movement Diary to record the child's/teenager's bowel movements for 14 days. Fill in date and time of each bowel movement. Use the Bristol Stool Chart (on back) to describe type of bowel movements. Check size of bowel movements: small, medium, or large. Check effort to pass bowel movements: easy to pass, some difficulty to pass, strains to pass.

Date	Time	Description of Bowel Movement	Date	Time	Description of Bowel Movement
		Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass			Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass
		Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass			Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass
		Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass			Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass
		Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass			Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass
		Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass			Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass
		Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass			Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass
		Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass			Bristol Stool Chart type # (1-7): _____ Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Effort: <input type="checkbox"/> Easy to pass <input type="checkbox"/> Some difficulty to pass <input type="checkbox"/> Strains to pass

Form completed by: \_\_\_\_\_ Relationship to patient:  Parent/Guardian  Self

Form completed by: \_\_\_\_\_ Relationship to patient:  Parent/Guardian  Self

Form reviewed by: \_\_\_\_\_ (Signature/Credentials) Time/Date: \_\_\_\_\_

