

# Bowel Diary

Name:	
Date of Birth:	NHS Number:
Address:	
Phone:	Gender:
GP surgery:	

## Contact us

If you have any questions regarding completion of this diary, please contact the Bladder and Bowel Admin Team

Call 0118 904 6540 from 10am to 2pm, Tuesday to Thursday

Please complete this diary and send back to the Continence Team within 14 days.

Email [continence@berkshire.nhs.uk](mailto:continence@berkshire.nhs.uk)

Post to Continence Advisory Service

Wokingham Hospital








41 Barkham Road Wokingham

Berkshire

RG41 2RE

**This information is needed as part of your assessment and should be completed prior to your assessment.**

## 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>

Please make a note of which most closely resembles your poo, then record it in the chart.

# Bowel Chart

What happens when you go to the toilet?

Record all bowel movements for 7 days

Day/Date	Time	Bristol Stool Type	Did you Strain? Yes/No	Did you assist evacuation? Yes/No	Did you feel the urge to open your bowels? Yes/No	Accident Loose or Solid	Stained underwear?
EXAMPLE 1/1/21	17.30	2	No	Yes	No	Solid	No

# Food Record Diary

Record everything you eat and drink each day, including times

Day/Date	Breakfast	Lunch	Dinner	Snacks	Non Alcoholic drinks (Cups / Glass)	Alcohol (Glasses)	Other comments (if meals were no typical)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

## Bowel Symptom Profile

Please tick the statements which describe your symptoms:

- There have been recent changes to my bowel habits
- I have my bowels open less than 3 times per week
- I have to strain and push hard to empty my bowels
- It takes me a long time to empty my bowels
- I still feel I need to go after having my bowels opened
- I have to insert a finger into my vagina/ anus to help my bowels empty
- Mucus leaks from my anus
- Blood leaks from my anus
- My anus feels itchy and irritated
- My underwear sometimes becomes soiled
- I have no control over the wind that I pass
- I can't control a loose motion/ poo
- I can't control a formed motion/ poo
- I have had bowel surgery or investigations in the past

Please provide further information

I have a diagnosed bowel condition

If yes please provide further information:

On a scale of 0-10 (where 0 = doesn't bother you at all & 10 is severely affects your life- what would your score be? \_\_\_\_\_

Please add additional information you might like to advise us of as part of your referral to us.

## Bladder and Bowel (Continence) Service

We provide a variety of specialist continence treatments and advice for anyone with bladder or bowel problems.

You do not need to be incontinent to receive treatment and support from us. For example, you may feel that you go to the toilet too frequently, or that your bladder or bowels are limiting your lifestyle.

Your GP or any other healthcare professional can refer you to our service.

Call 0118 904 6540 10am to 2pm, Tuesday to Thursday

Email [continence@berkshire.nhs.uk](mailto:continence@berkshire.nhs.uk)