

My Food and Bowel Journal

Use this journal to log your food and bowel movements for
the next week.

Instructions:

Use the space provided on the following pages to document your eating habits and bowel movements for the next week. Each page represents a day of the week. Remember to record **every** meal, bowel movement, and accident.

See the example below for completed entry.

Date: Sunday, January 1, 2017








Time	Meal/Food Intake	BM?	Stool Score	Urgency Y=Yes, N=No	ABL S=Small, M=Medium, L=Large	Comments
9 am	Oatmeal					
11 am		✓	7	Y		Ran to the bathroom
12 pm	Almonds Apple					
2 pm	Brown rice Ground turkey Vegetables					
6 pm	Chicken Mashed potatoes Gravy					
7 pm		✓	6	Y	M	

Bristol Stool Score








Type 1
Type 2
Type 3
Type 4
Type 5
Type 6
Type 7

BM = Bowel Movement
ABL = Accidental Bowel Leakage








Date: Sunday, _____

Time	Meal/Food Intake	BM?	Stool Score	Urgency Y=Yes, N=No	ABL S=Small, M=Medium, L=Large	Comments	Bristol Stool Score
							 Type 1
							 Type 2
							 Type 3
							 Type 4
							 Type 5
							 Type 6
							 Type 7








Date: Monday, _____

Time	Meal/Food Intake	BM?	Stool Score	Urgency Y=Yes, N=No	ABL S=Small, M=Medium, L=Large	Comments	Bristol Stool Score
							 Type 1
							 Type 2
							 Type 3
							 Type 4
							 Type 5
							 Type 6
							 Type 7








Date: Tuesday, _____

Time	Meal/Food Intake	BM?	Stool Score	Urgency Y=Yes, N=No	ABL S=Small, M=Medium, L=Large	Comments	Bristol Stool Score
							 Type 1
							 Type 2
							 Type 3
							 Type 4
							 Type 5
							 Type 6
							 Type 7








Date: Wednesday, _____

Time	Meal/Food Intake	BM?	Stool Score	Urgency Y=Yes, N=No	ABL S=Small, M=Medium, L=Large	Comments	Bristol Stool Score
							 Type 1
							 Type 2
							 Type 3
							 Type 4
							 Type 5
							 Type 6
							 Type 7








Date: Thursday, _____

Time	Meal/Food Intake	BM?	Stool Score	Urgency Y=Yes, N=No	ABL S=Small, M=Medium, L=Large	Comments	Bristol Stool Score
							 Type 1
							 Type 2
							 Type 3
							 Type 4
							 Type 5
							 Type 6
							 Type 7

Date: Friday, _____

Time	Meal/Food Intake	BM?	Stool Score	Urgency Y=Yes, N=No	ABL S=Small, M=Medium, L=Large	Comments	Bristol Stool Score
							 Type 1
							 Type 2
							 Type 3
							 Type 4
							 Type 5
							 Type 6
							 Type 7

Date: Saturday, _____

Time	Meal/Food Intake	BM?	Stool Score	Urgency Y=Yes, N=No	ABL S=Small, M=Medium, L=Large	Comments	Bristol Stool Score
							 Type 1
							 Type 2
							 Type 3
							 Type 4
							 Type 5
							 Type 6
							 Type 7

