



Five day food and bowel diary

How to complete this diary

Please write your name and date on the top of each page. There are five pages, one to be completed each day.

Food: Record everything you eat and drink at different times of the day.

Bowels: there are five columns, please complete as follows:

1st column tick ✓ each time you have a poo at different times of the day.

2nd column using the Bristol stool scale (*page 7*) tick ✓ the type of poo you passed.

3rd column only tick ✓ this if you had to get to the toilet urgently to have a poo.

4th column tick ✓ this if you experienced any leakage of poo from your back passage and indicate the amount, e.g. a teaspoon etc.

5th column tick ✓ if you passed flatus (wind) by accident.

In addition, at the foot of each page are three questions about bowel medication, pads and anal inserts/plugs. Please tick ✓ either 'yes' or 'no' to these questions.

Thank you for completing this diary. Please bring it with you to your next appointment.

Contacting us

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To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format

RBFT GI Physiology (Anorectal Physiology), Reviewed: December 2023

Next review due: December 2025

Day 1: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks:
During night: Food: Drinks:

Bowel diary:

Number of times bowels opened	Type of stool <i>(use Bristol stool scale on page 7)</i>	Urgency	Leakage of poo <i>(✓ if this applies)</i>	Accidentally passed flatus (wind) ✓ <i>if this applies</i>
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

- Did you take any bowel medications today Yes No
 Did you wear a pad? Yes No
 Did you use an anal insert or anal plug today? Yes No

Day 2: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks:
During night: Food: Drinks:

Bowel diary:

Number of times bowels opened	Type of stool <i>(use Bristol stool scale on page 7)</i>	Urgency	Leakage of poo <i>(✓ if this applies)</i>	Accidentally passed flatus (wind) ✓ <i>if this applies</i>
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

- Did you take any bowel medications today Yes No
 Did you wear a pad? Yes No
 Did you use an anal insert or anal plug today? Yes No

Day 3: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks:
During night: Food: Drinks:

Bowel diary:

Number of times bowels opened	Type of stool <i>(use Bristol stool scale on page 7)</i>	Urgency	Leakage of poo <i>(✓ if this applies)</i>	Accidentally passed flatus (wind) ✓ <i>if this applies</i>
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

- Did you take any bowel medications today Yes No
 Did you wear a pad? Yes No
 Did you use an anal insert or anal plug today? Yes No

Day 4: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks:
During night: Food: Drinks:

Bowel diary:

Number of times bowels opened	Type of stool <i>(use Bristol stool scale on page 7)</i>	Urgency	Leakage of poo <i>(✓ if this applies)</i>	Accidentally passed flatus (wind) ✓ <i>if this applies</i>
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

- Did you take any bowel medications today** Yes No
Did you wear a pad? Yes No
Did you use an anal insert or anal plug today? Yes No

Day 5: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks:
During night: Food: Drinks:

Bowel diary:

Number of times bowels opened	Type of stool <i>(use Bristol stool scale on page 7)</i>	Urgency	Leakage of poo <i>(✓ if this applies)</i>	Accidentally passed flatus <i>(wind) ✓ if this applies</i>
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

- Did you take any bowel medications today Yes No
 Did you wear a pad? Yes No
 Did you use an anal insert or anal plug today? Yes No



Bristol Stool Chart

Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed. This helps assess how long the stool has spent in the bowel.

Type 1 has spent the longest time in the bowel and type 7 the least time. A normal stool should be a type 3 or 4, and depending on the normal bowel habits of the individual, should be passed once every one to three days.

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 the 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

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www.bladderandbowelfoundation.org

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