



28 day food and bowel diary

How to complete this diary

This leaflet has been produced to enable you to record your bowel movements over a 28-day period of time. Please write your name and date you commenced using this diary.

*'Type of stool' column: to record your poo consistency, **please use Bristol stool chart located on page 16.**

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

Contacting us

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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: _____ Week commencing: _____

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 2:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 3:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 4:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 5:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 6:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 7:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 8:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 9:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 10:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 11:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 12:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 13:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 14:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 15:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 16:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 17:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 18:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 19:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 20:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 21:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 22:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 23:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 24:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 25:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 26:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 27:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day 28:

Day	Type of stool (1-7)*	Number of times bowels open	Time of day	Amount and type of bowel medication taken	Any comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					



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

Image reproduced by kind permission of Dr K Heaton, Reader in Medicine, University of Bristol.

www.bladderandbowelfoundation.org

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