

WEEK COMMENCING:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Time(s)

Type (use the bristol stool form scale)

Quantity
Small (S),
Medium (M),
large (L)

Laxatives
taken (dose)

AM

PM

Comments

For
children

Where
was the
stool
passed?
Nappy /
potty /
toilet
/other

Details
of any
soiling