

**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