

# PEDIATRIC DEVELOPMENTAL DISABILITIES BOWEL DIARY

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID#: \_\_\_\_\_ Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:** Record each day's bowel activity at the appropriate time. Include stool **type** (see chart), **place** (T = toilet, D = undergarment) and **amount** (Smear, S = small, M = moderate, or L = large). Record daily oral and rectal intervention. Include **name, dose** and **time given**.

	EXAMPLE	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
6 A.M.											
7 A.M.	1, D, M										
8 A.M.											
9 A.M.											
10 A.M.											
11 A.M.											
12 P.M.	8.6 mg of Senna										
1 P.M.											
2 P.M.											
3 P.M.											
4 P.M.											
5 P.M.	D, Smear										
6 P.M.	1 Magic Bullet 2, T, L										
7 P.M.											
8 P.M.											
9 P.M.											
10 P.M. - 6 A.M.											

## Bristol Stool Chart

Type 1



Separate hard lumps, like nuts (hard to pass)

Type 2



Sausage-shaped, lumpy

Type 3



Like a sausage but with cracks on its 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