

## **Bowel Habit Diary**

#### How to complete

This diary is designed to help us understand how your bowels are working on a day to day basis and what factors (foods and drinks) may be having an effect on your bowels. Whether your main problem is bowel urgency (the need to go quickly), frequency (the need to go often), incontinence (of solid or loose stool or wind) or difficulty passing a stool/motion, this diary will help towards giving the right treatment so as to improve your symptoms and your quality of life.

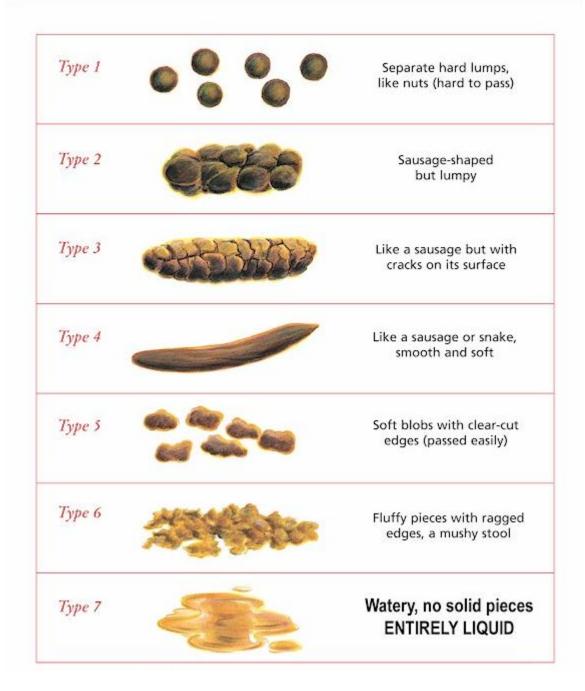
#### Some general guidelines

- Make a note of the date and time that you have your bowels open
- Look at the enclosed 'Bristol Stool Form Scale' and record which type of motion you pass each time
- Record any bowel leakage that you have noticed (include inability to control wind here too)
- Note how long (approximately) you spent on the toilet
- Record whether you had to strain a lot and whether you had any pain or bleeding
- Note any laxative or anti-diarrhoea medication that you needed to take (also include the type and dosage used)
- Make a note if you needed to use your finger(s) or use pressure on the perineum to help empty your bowels
- Also record if you had difficulty wiping / needed to use a lot of toilet paper
- Please also record all you eat and drink each day including times
- Please fill in the form to the best of your ability but don't worry if you can't complete it every time or miss things out. We can discuss it with you at your next appointment
- If a column doesn't apply to you then you may leave it blank

For example:

Date	Time	Stool type	Motion/wind leakage? Yes/No	Time spent on toilet	Did you strain a lot?	Pain/ discomfort or bleeding?	Laxative/anti- diaorrhoeal? Type? How much?	Need to help with finger/ pressure?	Difficulty to wipe clean?
04/08/12	08.15	5	Yes – soft stool	5 mins	No	No	Immodium 1 tablet (2mg)	No	Yes

# THE BRISTOL STOOL FORM SCALE



Date	Time	Stool Type	Motion/ wind leakage? Yes/No?	Time spent on toilet	Did you strain a lot?	Pain/ discomfort or bleeding?	Laxative or anti- diarrhoeal use? Type? How much?	Need to help with finger/ pressure?	Difficulty wiping clean?
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Date	Food	Drink

#### References

Norton, C., Chelvanayagam, S. (2004) Bowel Continence Nursing Beaconsfield Publishers Ltd

#### **Contact Details**

### **Women's and Men's Health Physiotherapy** (01202) 442506

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

#### The Health Information Centre

Poole Hospital NHS Foundation Trust Longfleet Road Poole Dorset BH15 2JB Telephone: 01202 448003

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