

**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							