Affix patient label here

CHI:

Patient's name:

Bowel chart

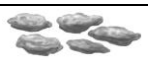
Name:_____ CHI: _____

Ask the patient how often their bowels would normally move: _____

_____

Please complete the chart in full each time the patient moves their bowels including time, the BSF (1-7) and amount passed.

Bristol Stool Form scale (BSF)

BSF 1	BSF 2	BSF 3	BSF 4	BSF 5	BSF 6	BSF 7
						
Separate hard lumps, like nuts (hard to pass)	Sausage-shaped but lumpy	Like a sausage but with cracks on its surface	Like a sausage or snake, smooth and soft	Soft blobs with clear-cut edges (passed easily)	Fluffy pieces with ragged edges, a mushy stool	Watery, no solid pieces Entirely liquid

Date	Time	BSF (1-7) and size/amount (small, medium, large)	Comments
e.g. 01/01/99	*0900*	*2 medium*	*Sat for 15 minutes, straining*

Date	Time	BSF (1-7) and size/amount (small, medium, large)	Comments
e.g. 01/01/99	*0900*	*2 medium*	*Sat for 15 minutes, straining*