

Bowel Movement Record Chart

Use this form to keep track of your child's daily bowel movements and medication. See the bottom for a key.

	Example	Day 1:	Day 2:	Day 3:	Day 4:	Day 5:	Day 6:	Day 7:
	W, 4/18							
Bowel Movement 1 Time?	8:15 AM S, 5, D							
Bowel Movement 2 Time?	11:45 AM L, 4, T, P							
Bowel Movement 3 Time?	7:00 PM L, 7, T, I							
Bowel Movement 4 Time?								
Smears/Leaks Y/N & #	Y, 2 times							
Medication Given? Y/N	Y							

Size: Small – S Medium – M Large - L	Consistency: See Bristol Stool Scale (#1-7)	Toilet or Diaper/Underpants? Toilet – T Diaper/Underpants - D	Toilet Independence I – Independent (learner went to toilet without being asked) P – Prompted (someone told the learner to go sit)
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