









PLEASE RECORD YOUR STOOL HABIT FOR 1 WEEK:						Name:		
Time of Bowel Movement (BM)	Incontinence	Stool Seepage or Staining	Stool Consistency (Type 1–7, see below)	Urgency unable to postpone BM for more than 15 minutes	Use of Pads	Medications, Over the Counter drugs, Herbal Remedies, Foods or Supplements to speed up/slow down the BM.	Comments	
	Yes/No	Yes/No		Yes/No	Yes/No	If needed write on back	if needed write on the back	
	Time of Bowel	Time of Bowel Movement (BM)	Time of Bowel Incontinence Stool Seepage or Staining	PLEASE RECORD YOUR STOOL HABIT FOR 1 WEEK Time of Bowel Movement (BM) Incontinence Stool Consistency (Type 1–7, see below)	PLEASE RECORD YOUR STOOL HABIT FOR 1 WEEK: Time of Bowel Movement (BM) Incontinence Stool Seepage or Staining Stool Consistency (Type 1–7, see below) Urgency unable to postpone BM for more than 15 minutes	PLEASE RECORD YOUR STOOL HABIT FOR 1 WEEK: Name: Stool Seepage or Staining Name: Urgency unable to postpone BM for more than 15 minutes Use of Pads	Time of Bowel Movement (BM) Incontinence Stool Seepage or Staining Stool Consistency (Type 1-7, see below) Stool Consistency (Type 1-7, see below)	

Use the following descriptors for describing stool consistency:

Type 1: Separate hard lumps, like nuts.

Type 2: Sausage-shaped but lumpy.

Type 3: Like a sausage or snake but with cracks on its surface.

Type 4: Like a sausage or snake, smooth and soft.

Type 5: Soft blobs with clear-cut edges.

Type 6: Fluffy pieces with ragged edges, a mushy stool.

Type 7: Watery, no solid pieces.