### Medical Aids Subsidy Scheme, Queensland Health

# **Bowel Habit Diary**

Please complete your bowel diary each day for seven (7) continuous days.

Name:					
Date/Time	Bowel opened Bristol Stool Form Scale Type (note the number)	Did you feel the sensation to go?	Did you have accidental soiling?	Did you change your pad or clothing?	Comments (laxatives, flatulence, urgency, etc)
Monday 8 am	3	⊠ Yes □ No	□ Yes ⊠ No	□ Yes ⊠ No	Sat on toilet after breakfast
	The abov	ve "sample" line sh	nows you how to u	ise your diary.	
		□ Yes □ No	□ Yes □ No	□ Yes □ No	
		□ Yes □ No	□ Yes □ No	□ Yes □ No	
		□ Yes □ No	□ Yes □ No	□ Yes □ No	
		□ Yes □ No	□ Yes □ No	□ Yes □ No	
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		□ Yes □ No	□ Yes □ No	□ Yes □ No	
		□ Yes □ No	□ Yes □ No	□ Yes □ No	
		☐ Yes	☐ Yes	☐ Yes	

Please turn over the page for further information

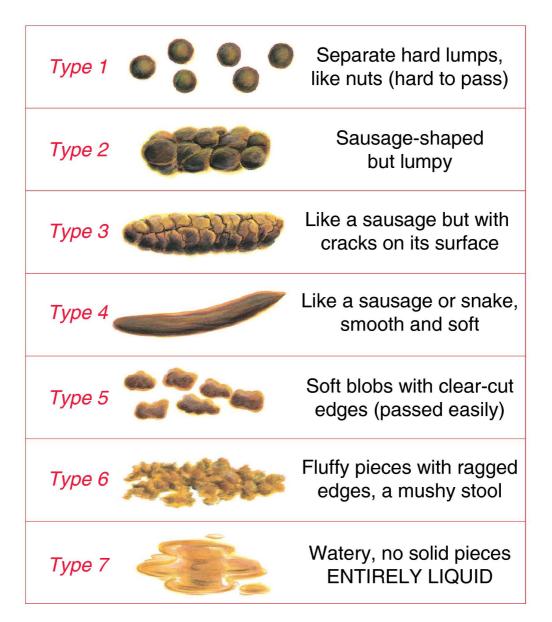


## **Bowel Habit Diary**

#### Instructions for completing the bowel habit diary

A Bowel diary helps show your bowel habit and stool type. It is very important that you complete it accurately, so that the health professional can assist you manage any symptoms. Ideally it should be completed for seven (7) continuous days with the type of stool recorded.

#### THE BRISTOL STOOL FORM SCALE



The Bristol Stool Form Scale. Reproduced by kind permission of the late Dr K W Heaton, Reader in Medicine at the University of Bristol. © 2000 Norgine Pharmaceuticals Ltd.

#### **MASS Service Centre Contact Details**

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