



Gloucestershire

Diet & Bowel Diary

Week Commencing: DD /MM /YY

Name:

Date of Birth: DD /MM /YY

Hospital Number:

(or affix hospital label here)

- Please record all you eat and drink each day for the first week including times in column 1.
- Please record the Fibre Score of each meal in column 2.
- Each time you have a bowel action, whether in the toilet, a full bowel accident or slight leakage complete column 3. You should also include in this section if you needed to change a pad or pants.
- Please record the consistency of the motion in column 4.

Food And Drink (& Time)	Fibre Score	Bowel Action (and Time)	Bristol Stool Form Scale
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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Food And Drink (& Time)	Fibre Score	Bowel Action (and Time)	Bristol Stool Form Scale
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			