

WEEKLY LAXATIVE AND STOOL RECORD

<b>Name:</b>																							
			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday														
<b>Date:</b> Year	Month:	Day:																					
<b>Laxative(s):</b>																							
#1	Dose:																						
	Time:																						
#2	Dose:																						
	Time:																						
<b>Stool Record</b>			#			#			#			#			#			#			#		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3		
<b>1. Time of bowel movement</b>																							
<b>2. Shape and edges (Check one)</b>																							
Balls, pellets/cracks																							
Log, sausage/lumpy																							
Log, sausage/cracks																							
Banana, snake/smooth																							
Soft blobs, stringy																							
Applesauce, pudding, mushy																							
Diarrhea, liquid																							
<b>3. Color (Check one)</b>																							
Light, golden brown																							
Brown, dark brown																							
<b>4. Size (Enter S/M/L)</b>																							
Small/Medium/Large																							
<b>5. Accident(s) (Number per day)</b>																							