

# Bowel Log

Name:

Month:

Year:

Instructions:

1) Indicate type of bowel movement that occurred by placing an R, L, H, or S in the box corresponding to the appropriate day of the month (left column) and time of day (top row). See key below for description of types of bowel movements.

2) If person does not have a bowel movement on a particular day or a particular time, leave box blank

*Type of  
bowel  
movement:*

*R = regular*

*L = loose*

*H = hard*

*S = soft*

	12:00am- 3:00am	3:00am- 6:00am	6:00am- 9:00am	9:00am- 12:00pm	12:00pm- 3:00pm	3:00pm- 6:00pm	6:00pm- 9:00pm	9:00pm- 12:00am
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