Five day food and bowel diary

How to complete this diary

Please write your name and date on the top of each page. There are 5 pages, one to be completed each day.

Food: Record everything you eat and drink at different times of the day.

Bowels: there are five columns, please complete as follows:

1st column tick ✓ each time you have a poo at different times of the day.

2nd column using the Bristol stool scale (*page 7*) tick ✓ the type of poo you passed.

3rd column only tick ✓ this if you had to get to the toilet urgently to have a poo.

4th column tick ✓ this if you experienced any leakage of poo from your back passage and indicate the amount, e.g. a teaspoon etc.

5th column tick ✓ if you passed flatus (wind) by accident.

In addition, at the foot of each page are three questions about bowel medication, pads and anal inserts/plugs. Please tick ✓ either 'yes' or 'no' to these questions.

Thank you for completing this diary. Please bring it with you to your next appointment.

Contacting us

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To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format

RBFT GI Physiology (Anorectal Physiology), Reviewed: April 2026. Next review due: April 2028.

Day 1: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks
During night: Food Drinks:

Bowel diary:

Number of times bowels opened	**Type of stool** *(use Bristol stool scale on page 7)*	**Urgency**	**Leakage of poo** (✓ if this applies)	**Accidently passed flatus (wind)** ✓*if this applies*
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

Did you take any bowel medications today **Yes** ❑ **No** ❑

Did you wear a pad? **Yes** ❑ **No** ❑

Did you use an anal insert or anal plug today? **Yes** ❑ **No** ❑

Day 2: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks
During night: Food Drinks:

Bowel diary:

Number of times bowels opened	**Type of stool** *(use Bristol stool scale on page 7)*	**Urgency**	**Leakage of poo** (✓ if this applies)	**Accidently passed flatus (wind)** ✓*if this applies*
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

Did you take any bowel medications today **Yes** ❑ **No** ❑

Did you wear a pad? **Yes** ❑ **No** ❑

Did you use an anal insert or anal plug today? **Yes** ❑ **No** ❑

Day 3: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks
During night: Food Drinks:

Bowel diary:

Number of times bowels opened	**Type of stool** *(use Bristol stool scale on page 7)*	**Urgency**	**Leakage of poo** (✓ if this applies)	**Accidently passed flatus (wind)** ✓*if this applies*
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

Did you take any bowel medications today **Yes** ❑ **No** ❑

Did you wear a pad? **Yes** ❑ **No** ❑

Did you use an anal insert or anal plug today? **Yes** ❑ **No** ❑

Day 4: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks
During night: Food Drinks:

Bowel diary:

Number of times bowels opened	**Type of stool** *(use Bristol stool scale on page 7)*	**Urgency**	**Leakage of poo** (✓ if this applies)	**Accidently passed flatus (wind)** ✓*if this applies*
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

Did you take any bowel medications today **Yes** ❑ **No** ❑

Did you wear a pad? **Yes** ❑ **No** ❑

Did you use an anal insert or anal plug today? **Yes** ❑ **No** ❑

Day 5: Name: _____ Date: _____

Food diary:

Breakfast: Food: Drinks:
Mid-morning:
Lunch: Food: Drinks:
Mid-afternoon:
Supper/dinner: Food: Drinks:
Evening: Snacks: Drinks
During night: Food Drinks:

Bowel diary:

Number of times bowels opened	**Type of stool** *(use Bristol stool scale on page 7)*	**Urgency**	**Leakage of poo** (✓ if this applies)	**Accidently passed flatus (wind)** ✓*if this applies*
Breakfast				
Mid-morning				
Lunch				
Supper/dinner				
Evening				
During night				

Did you take any bowel medications today **Yes** ❑ **No** ❑

Did you wear a pad? **Yes** ❑ **No** ❑

Did you use an anal insert or anal plug today? **Yes** ❑ **No** ❑

Bristol Stool Chart

Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed. This helps assess how long the stool has spent in the bowel.

Type 1 has spent the longest time in the bowel and type 7 the least time. A normal stool should be a type 3 or 4, and depending on the normal bowel habits of the individual, should be passed once every one to three days.

Type 1		**Separate hard lumps, like nuts (hard to pass)**
Type 2		**Sausage shaped but lumpy**
Type 3		**Like a sausage but with cracks on the surface**
Type 4		**Like a sausage or snake, smooth and soft**
Type 5		**Soft blobs with clear cut edges (passed easily)**
Type 6		**Fluffy pieces with ragged edges, a mushy stool**
Type 7		**Watery, no solid pieces, entirely liquid**

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