

Date:								Date:						
MEAL	FLUID	FOOD/QUANTITY	W	P	<u>B</u>	S	BM	FLUID	FOOD/QUANTITY	W	P	<u>B</u>	S	BM
Breakfast														
Am snack														
Lunch														
Pm snack														
Dinner														
Supper														

Date								Key for bowel recording					
MEAL	FLUID	FOOD/QUANTITY	W	P	<u>B</u>	S	BM						
Breakfast								WIND - W ① _____ ⑩ BLOATING - B ① _____ ⑩ PAIN - P ① _____ ⑩ STRESS/ANXIETY - S ① _____ ⑩					
Am snack								BOWEL MOVEMENT (BM) BM ① _____ ⑤ _____ ⑩ Constipation Normal Diarrhoea					
Lunch													
Pm snack													
Dinner													
Supper													