

Affix patient label here

CHI:

Patient's name:

Bowel chart

Name:_____ CHI: _____

Ask the patient how often their bowels would normally move: ______

Please complete the chart in full each time the patient moves their bowels including time, the BSF (1-7) and amount passed.

Bristol Stool Form scale (BSF)

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

Date	Time	BSF (1-7) and size/amount (small, medium, large)	Comments
e.g. 01/01/99	0900	2 medium	Sat for 15 minutes, straining

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