




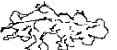
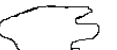


DIARY TO EVALUATE URINE & BOWEL HABITS

Child's Name: _____
 Parent's Name: _____
 Phone #: _____

Instructions: Keep a diary for 2 weeks.
 Place a (√) in the appropriate column.

SLOW TRANSIT TIME FAST

URINE					BM Description*							Underpants	Toilet Paper	
	Date	Frequency	Accidents		 Type 1	 Type 2	 Type 3	 Type 4	 Type 5	 Type 6	 Type 7	Soiled (Y/N)	Clean (C)	Dirty (D)
			Day	Night										
WEEK 1	1													
	2													
	3													
	4													
	5													
	6													
	7													
WEEK 2	8													
	9													
	10													
	11													
	12													
	13													
	14													

***Bristol Stool Form Scale**

Type 1: Separate hard lumps

Type 2: Sausage-like but lumpy

Type 3: Sausage-like but with cracks in the surface

Type 4: Smooth & soft

Type 5: Soft blobs with clear-cut edges

Type 6: Fluffy pieces with ragged edges, a mushy stool

Type 7: Watery, no solid pieces