



Name

STOOL CHART

Date of Birth

	DATE	TIME	TYPE OF STOOL (Use number from stool chart attached)	QUANTITY OF STOOL (Large (L)/ Medium (M)/ Small (S))	PAIN/DISTRESS WHEN PASSING STOOL? YES/NO/SOME	WHERE WAS STOOL PASSED? Toilet/Nappy/Other	PANTS SOILED? How many times?	TYPE OF SOILING Stained / Loose/Soiled	LAXATIVES: Macragols – Lactulose Dose and Time Taken
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

Please complete the diary for your child as requested by your School Nurse Team for 2 weeks. Refer to the stool type (Bristol Stool Scale attached). Please return the chart as requested as this diary is required for assessment of constipation and treatment.



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