**BOWEL MOVEMENT (B.M.) - MONTHLY MONITORING RECORD**  
(For People Who Have Bowel Problems)

Month of ________________ 20____

Name: _______________________________________ DOB: __________________

**Protocol in Place:** [ ] No [ ] Yes

If YES, record use in Protocol box, below

When recording B.M.'s, note both **Size:** L = Large    M = Medium    SM = Small  
and **Type:** H = Hard    S = Soft    D = Diarrhea  
(e.g., Large soft stool = L S or L 3 or L 4)  
(for Type, numbered 1 to 7, you can also use the Bristol Stool Chart on back of page)

X = Checked with client and no B.M.

| DATE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1st Stool |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 2nd Stool |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 3rd Stool |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 4th Stool |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Protocol: **What used, when?**

**Notes:**

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SEE OTHER SIDE →

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Types 1 and 2 indicate constipation (Hard)
Types 3 and 4 are the easiest to pass (Soft)
Types 5 - 7 may indicate Diarrhea

Reference: