








Affix patient label within this box

## Bladder and Bowel Record

Date (yyyy-Mon-dd)		Who is filling out the form? <input type="checkbox"/> Client <input type="checkbox"/> Family <input type="checkbox"/> Caregiver <input type="checkbox"/> Other _____											
Size of cup used = _____ mL			I woke up at: (hh:mm)				I went to sleep at: (hh:mm)						
Time (hh:mm)	Fluids		Urine Output			Bowel Movement				Activity	Product		
	Type (juice, milk, water, coffee, tea)	Amount (mL)	Urge (Y/N)	Leakage (✓)	Urination in Toilet (mL or S/M/L)	Urge (Y/N)	Leakage (✓)	Size (S/M/L)	Type (see side b)	Prior to Leakage (see legend below)	Type	Change (✓)	
<b>Indwelling Catheter</b>									<b>Activity Legend</b> (prior to leakage of urine or stool)				
Insertion Date (yyyy-Mon-dd)			Removal Date (yyyy-Mon-dd)						1. Cough, laugh, sneeze		4. Walking		
<b>Intermittent Catheter</b>									2. Lifting		5. Running		
Frequency									3. Change in position		6. Other (specify) _____		

# Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and 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. Entirely liquid