



# Stool Diary

Please complete and take this to your doctor on your next visit

<b>DATE</b>																			
<b>TIME</b>																			
<b>TYPE OF STOOL</b> (use number from stool chart)																			
<b>QUANTITY OF STOOL</b> Large (L) / Medium (M) / Small (S)																			
<b>PAIN / DISTRESS WHEN PASSING STOOL?</b> Yes / No / Some																			
<b>FOR CHILDREN ONLY:</b>	<b>WHERE WAS STOOL PASSED?</b> Toilet / Nappy / Other																		
	<b>PANTS SOILED?</b>	<b>NUMBER OF TIMES DURING THE DAY</b>																	
	<b>TYPE OF SOILING</b> Stained / Loose / Solid																		
<b>DOSAGE OF LAXATIVES TAKEN</b>	<b>BREAKFAST</b>																		
	<b>LUNCH</b>																		
	<b>DINNER</b>																		
	<b>NIGHT</b>																		

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